

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 OCT 31 AM 9:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P96000010297**

1. Corporation Name

GPB SEABRIDGE INTERNATIONAL, INC.

Principal Place of Business

1801 SOUTH HARBOR CITY BOULEVARD
SUITE 810
MELBOURNE FL 32901

Mailing Address

1801 SOUTH HARBOR CITY BOULEVARD
SUITE 810
MELBOURNE FL 32901

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/1996

5. FEI Number

59-336 6594

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BRAID, KENNETH J	524 OCEAN AVENUE, SUITE 62	MELBOURNE BEACH FL 32951
D	BINAL, EDWARD	1801 S. HARBOR CITY BOULEVARD, S	MELBOURNE FL 32901
D	Jalil Kamaruddin	1901 S. Harbor City Blvd.	Melbourne, FL 32901
D	James Stephen	1901 S. Harbor City Blvd.	Melbourne, FL 32901
D	Tuan Haji Ghazali Awang	1901 S. Harbor City Blvd.	Melbourne, FL 32901
S	Gary M. Cadle	1901 S. Harbor City Blvd.	Melbourne, FL 32901

8. Name and Address of Current Registered Agent

MITCHELL, BRUCE A ESQUIRE
1825 SOUTH RIVERVIEW DRIVE
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name
VICTOR S. KOSTRO, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

1825 S. Riverview Dr.

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip

32901

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Victor S. Kostro

REGISTERED AGENT MUST SIGN

Date

10-28-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

G. Cadle

G. CADLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-97

Date

(407) 984 9663

Daytime Phone #

CR2E040 (8/97)