

APPLICATION
FOR 97-9
REINSTATEMENT



FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GSB, INC.

Principal Place of Business	Mailing Address
1036-48 Dunn Avenue Jacksonville, Florida	32218

2. New Principal Office Address, If Applicable
See above
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
See above
Suite, Apt. #, etc.

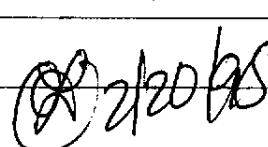
4. Date Incorporated or Qualified
To Do Business in Florida 3/19/96

5. FEI Number
59-351314

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, P.S., T,	Gregory S. Blue	1036-48 Dunn Avenue	Jacksonville, FL 32218
			
			600002439366--6 -02/24/98--01070--004 ****908.75 ****908.75

B. Name and Address of Current Registered Agent

Leonard Alterman, Attorney at Law
9116 Cypress Green Drive, Suite 207
Jacksonville, Florida 32256

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code	
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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 - Leonard Allenman
REGISTERED AGENT MUST SIGN

Date Germany 1998

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: [Signature] Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/98
Date

Daytime Phone #

CR2E040 (12/96)