

JUN 3, 2006 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P980000041297**

1. Corporation Name

GOVE SIEBOLD GROUP, INC.

FILED

06 FEB -7 PM 1:30

SECRET
TALLAHASSEE, FLORIDA

900067012899

03/03/06--01022--018 **1350.00

REINSTATEMENT 02-06
CR2E081 (12/05)

2. Principal Office Address
2500 Quantum Lakes Drive

3. Mailing Office Address
2500 Quantum Lakes Drive

Suite, Apt. #, etc.
Suite 203

Suite, Apt. #, etc.
Suite 203

City & State
Boynton Beach, FL

City & State
Boynton Beach, FL

Zip Country
33426 US

Zip Country
33426 US

4. Date Incorporated or Qualified
To Do Business in Florida August 1997

5. FEI Number
65-0831623

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Steve Siebold

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

3707 Quail Ridge Drive

Suite, Apt. #, Etc.

City

Boynton Beach

State
FL

Zip Code
33436

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Steve Siebold
REGISTERED AGENT MUST SIGN

Date

1/30/06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, D	Steve Siebold	3707 Quail Ridge Drive	Boynton Beach, FL 33436
VP, D	Dawn Siebold	3707 Quail Ridge Drive	Boynton Beach, FL 33436
Sec	Dawn Siebold	3707 Quail Ridge Drive	Boynton Beach, FL 33436

10. 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 contained in Chapter 119, 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:

Dawn Siebold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/06 561-7339078

Daytime Phone #