

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 FEB 21 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000052455

1. Corporation Name

G:B Construction Inc.

900005097489--9

-03/12/02--01064--014

\*\*\*1058.75 \*\*\*1058.75

2. Principal Office Address

6058 Bluegrass Cir.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33463

Country

USA

3. Mailing Office Address

6058 Bluegrass Cir.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33463

Country

USA

**REINSTATEMENT 00-02**

4. Date Incorporated or Qualified  
To Do Business in Florida

4/7/99

5. FEI Number

165-0922605

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gary E. Bickmore, Jr.

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

6058 Bluegrass Cir.

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33463

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

Gary E. Bickmore, Jr.

REGISTERED AGENT MUST SIGN

Date

2/19/02

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
Vice Pres.	Sodi M. Bickmore	6058 Bluegrass Cir.	Lake Worth, FL 33463
Pres.	Gary E. Bickmore	6058 Bluegrass Cir.	Lake Worth, FL 33463

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 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:

Gary Bickmore  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-19-02

Daytime Phone #

(561) 718-0636

CR2E081 (8/01)