

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 16 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000057123

1. Corporation Name

GDS Magnolia Plantation Inc.

2. Principal Office Address

5981 Chesapeake PK.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32819

Country

US

3. Mailing Office Address

2813 S. Hinnassee Rd

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32835

Country

USA

REINSTATEMENT 03-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59 3587549

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

FRANK FINKBEINER, ESQ.

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

108 E. Hillcrest St

Suite, Apt. #, Etc.

City

Orlando

600075382796

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F:

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

Frank E. Finkbeiner

REGISTERED AGENT MUST SIGN

Date 5-12-06

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	Edward R Bignon	5981 Chesapeake PK.	Orlando, FL 32819
VP	Marie Bignon	5981 Chesapeake PK.	Orlando, FL 32819
S	Edward P Bignon	1345 Glenwick Dr.	Orlando, FL 32835
		<i>John</i>	

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:

E.P. Bignon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-06

Date

407-532-5225

Daytime Phone #