


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 28 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **467736**

1. Corporation Name
Gulf Communications + Electronics, Inc.

2. Principal Office Address
3054 Beach Blvd. S.

3. Mailing Office Address
3054 Beach Blvd. S.

Suite, Apt. #, etc.

City & State
Gulfport, FL

City & State
Gulfport, FL

Zip Country
33707 USA

Zip Country
33707 U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida
11/15/1975

5. FEI Number
59-1617381

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

7. Name and Address of Current Registered Agent

Name
Pia Goff

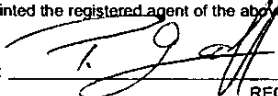
Street Address (P.O. Box Number is Not Acceptable)
3054 Beach Blvd. S.

Suite, Apt. #, Etc.

City
Gulfport

State Zip Code
FL 33707

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.

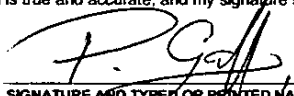
Signature of Registered Agent  Date **02/27/06**

REGISTERED AGENT MUST SIGN

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/O.	Pia Goff	5513 Tangerine Ave. S.	Gulfport, FL 33707

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:  Pres. **Pia Goff, Pres.** Date **02/27/06** Daytime Phone # **(941) 504-7616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR