

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
 Santa B. Morinham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # 625877

1. Corporation Name

GULF COAST MANAGEMENT, INC.

98 NOV 23 AM 10:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% HOLIDAY ISLES
 14711 GULF BOULEVARD
 MADEIRA BEACH FL 33708

% HOLIDAY ISLES
 14711 GULF BOULEVARD
 MADEIRA BEACH FL 33708



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/15/1979	
City & State		City & State		5. FEI Number	
Zip		Country		59-1914021	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For	
				Not Applicable	
				\$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
P	JOHNSTON, GEORGE	14711 GULF BLVD	MADEIRA BEACH FL
VP	JOHNSTON, DOT	14711 GULF BLVD	MADERIA BEACH FL
S	HEFLIN, RUTH	14711 GULF BLVD	MADEIRA BEACH FL
D	FOLEY, DON	14711 GULF BLVD	MADERIA BEACH FL
D	GORLE, VIRGINIA	14711 GULF BLVD	MADEIRA BEACH FL 33708

B 11/25/98 ARC

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ST. PETERSBURG CORPORATE SERVICES, INC. 405 PASADENA AVE., SOUTH ST. PETERSBURG FL 33707		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		900002703889-3 -12/04/98-01107-023 ***158.00 State ***150.00 FL	

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: **SIGNATURE REQUIRED** Date: _____
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *X [Signature]* **SIGNATURE REQUIRED** 11-17-98 Date 741-391-9319 Daytime Phone #
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 GEORGE JOHNSTON President

CR2E040 (9/98)

Gulf Coast Management, Inc.
c/o Holiday Isles
14711 Gulf Blvd.
Madeira Beach, FL 33708
November 18, 1998

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Department of State
Annual Reports Section
P. O. Box 6327
Tallahassee, FL 32314

To Whom it May Concern:

To confirm our telephone conversation, I am enclosing a new check for \$150.00 along with the corporate reinstatement form.

You indicated that our original was returned which we didn't receive. Therefore, I would request the penalties be waived.

Thank you.

Sincerely,



George Johnston
President
Gulf Coast Management, Inc.
c/o Holiday Isles
14711 Gulf Blvd.
Madeira Beach, FL 33708