

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 12:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **G30996**

1. Corporation Name

GULF COAST CONSTRUCTION, INC.

Principal Place of Business

540-10TH ST NORTH
NAPLES FL 34102
US

Mailing Address

540-10TH ST NORTH
NAPLES FL 33940
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1983

5. FEI Number

59-2365936

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MEISTER, JR R	280 GULF SHORE BLVD S	NAPLES FL 34102
VPD	MEISTER, ELLEN	280 GULF SHORE BLVD SOUTH	NAPLES FL
VP	MEISTER, THOMAS J	2271 SANDPIPER STREET	NAPLES FL 34102
VP	MEISTER, ROBERT P III	1120 12AVE NORTH	NAPLES FL 34102

800024923118

11/24/03--01098--016 **750.00

8. Name and Address of Current Registered Agent

MEISTER, JR., ROBERT P.
540-10TH ST N
NAPLES FL 34102

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

11. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/03

Date

Daytime Phone #

CR2E040 (7/03)