

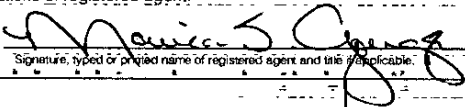
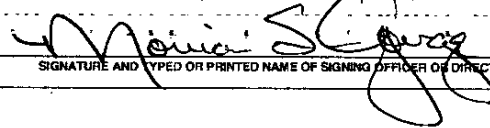


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000106797 1. Entity Name GULFSIDE AUTO WHOLESALE CORP.						FILED 05 APR 22 AM 9:42 TALLAHASSEE, FLORIDA							
Principal Place of Business 6565-90TH AVE. NORTH ST. PETERSBURG, FL 33782		Mailing Address 6565-90TH AVE. NORTH ST. PETERSBURG, FL 33782											
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04102005 REIN-P CR2E098 (6/04)		4. FEI Number 11-3664419		Applied For Not Applicable					
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Zip		Country					
6. Name and Address of Current Registered Agent GOUGE, MONICA 6565-90TH AVE. NORTH ST. PETERSBURG, FL 33782				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City				FL		Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE  <small>Signature, typed or printed name of registered agent and title, if applicable.</small>				(NOTE: Registered Agent signature required when reinstating)				DATE 4-10-05		FILE NOW!!! FEE IS \$300.00			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PTD GOUGE, JAMES 6565-90TH AVE. NORTH ST. PETERSBURG, FL 33782		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		700054243877 05/11/05--01009--018 **300.00		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VSD GOUGE, MONICA 6565-90TH AVE. NORTH ST. PETERSBURG, FL 33782		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.													
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4-10-05		DAYTIME PHONE # 727-544-6420							