

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 14 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA9000019039

1. Corporation Name

Gulf Coast Spa Manufacturers Inc.

2. Principal Office Address

11620 54th St N

Suite, Apt. #, etc.

City & State

Clearwater, Florida

Zip

33760

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

800025327708

12/08/03--01068--008 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

65-0905520

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

Bradford T Tatum

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

11620 54th St. N

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33760

REINSTATEMENT 03 TS

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

Bradford T Tatum
REGISTERED AGENT MUST SIGN

Date

12-16-03

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
Pres/CE	Bradford T Tatum	8094 Cottonwood Ct	Seminole, FL 33776

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 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

Bradford T Tatum

12/05/03

Date

727-572-7727

Daytime Phone #

CR2E081 (10/02)