PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -5 PM 4:00

DOCUMENT # N11222

1. Corporation Name

GULF COAST ASSOCIATION OF GOVERNMENTAL PURCHASING OFFICERS

REINSTATEMENT 01

2. Principal Office Address	**3.** Mailing Office Address
18500 Murdock Circle	18500 Murdock Circle
Suite, Apt. #, etc.: 344	Suite, Apt. #, etc.:
City & State: Port Charlotte, FL	City & State: Port Charlotte, FL
Zip: 33948 Country: Charlotte	Zip: 33948 Country: Charlotte

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-2785131 ☐ 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: Kimberly Corbrett

888804739826--6
-12/26/01--01097--008
****236.25 ****36.25

Street Address (P.O. Box Number is Not Acceptable): 18500 Murdock Circle

Suite, Apt. #, Etc.: 344

City: Port Charlotte State: FL Zip Code: 33948

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: Kimberly A Corbett — REGISTERED AGENT MUST SIGN — Date: 12/02/01

CR2E031 (9/00)

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
PD	Carole Smith	18500 Murdock Cir	Port Charlotte, FL33948
VD	Marian Day	326 W Marion Ave	Punta Gorda, Fl 33950
T	Roger Lescrynski	18500 Murdock Circle	Port Charlotte, Fl 33948
			AD

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: Roger Lescrynski, TREASURER — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 12-02-01 — Date — (941) 743-1379 — Daytime Phone #