

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000055681

1. Entity Name
GULF BREEZE RESORTS REALTY, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV -4 AM 9:55

Principal Place of Business
**3015 N OCEAN BLVD STE 121
FT LAUDERDALE, FL 33308**

Mailing Address
**3015 N OCEAN BLVD STE 121
FT LAUDERDALE, FL 33308**

REINSTATEMENT 05



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10072005 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number

32-0083619

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOSTER, REBECCA A
3015 N OCEAN BLVD STE 121
FORT LAUDERDALE, FL 33308**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/1/2005

**FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PDS
OTTINO, J.P. III
3015 N OCEAN BLVD STE 121
FT LAUDERDALE, FL 33308** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVT
LANDAU, MARC J
3015 N OCEAN BLVD STE 121
FT LAUDERDALE, FL 33308** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
**400060728274
10/18/05--01085--001 **750.00**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
CULLEN, COLLEEN
6200 SAFARI TRAIL
KISSIMMEE, FL 34746** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/7/05