PLEASE READ A	ALL INSTRUCTI	ONS BEFORE C	OMPLET	NG THIS FORM.	. 9
APPLICATION FOR	FLORIDA DEPAR Singra I Si greta	_	2	FILED.	'
DOCUMENT # 00 3 000			97 FEB -4 AM !!: ! !		
Gutf Trading of Carrabelle, Inc			SECRETARY OF STATE TALLAHASSEE FLORIDA		
Principal Place of Business HCR BOX 71 Carrabelle FL 3232-2 If above addresses are incorrect in any way, line through incorrect information and enter correction below.			300020788334 -02/05/9701078005 ****373.75 ****373.75		
New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 07–14–190 5		
Suite, Apt. #, etc	Suite, Apt. #, etc.		5. FEI Number Applied For		
City & State	City & State		<u> 59 —</u>	2967839	Not Applicable
Zip Country	Zip	Country			mal Fee required icate of Status
Names and Street Addresses of Each Officer and/o Name of Officers	or Director (Florida nonprof	fit corporations must list at lea			
Title(s) and/or Directors Officer		Officer and/or Director o NOT Use Post Office Box	7	City / State / Zip	
PD William E. Pope. POBOX		30×1336	N/A	Carrabelle, FL	
STD George T Hull,	Pex 10744	NA	ROCKHIII S.C.		
VD Henry George Po		Box le N/A		FYFFE, AL	
, , , , , , , , , , , , , , , , , , ,					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
William E Pope	Name	Name 50			
HCR BOX 71	<u> </u>	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
Currabelle FL 32322 City State Zip Code					je –
10. I, being appointed the registered agent of the above Signature of Registered Agent	re named corporation am f	ese_	bligations of Secti		7
11. Does this corporation pay a Dept. of Revenue under S.	ny intangible tax 199.032, Florida	k to the Li Statutes. Yes	□ No [(See other side for inform on intangible tax.)	
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolution owed by the corporation have been paid and the receive on this application is true and accurate, and my significant of the corporation of t	ution has been eliminated, ames of individuals listed o	the corporate name satisfies in this form do not qualify for	the requirements an exemption und roath.	of section 607.0401 or 617.0401, F.S., 1	that all fees
SIGNATURE: SIGNATURE AND TYPED OR PRIN	HED NAME OF SIGNING OFFI	IGEN OR DIRECTOR		Date Daytime Phon	

2 - 2

I, Alitham E. tape never received
the 1st or 2nd notice of answel Report
for July Tracking of Corrabille, Since
sign, Milliam E. Tape