

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Sandra B. Norrham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 23 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 625877

1. Corporation Name

GULF COAST MANAGEMENT, INC.

Principal Place of Business

% HOLIDAY ISLES
14711 GULF BOULEVARD
MADEIRA BEACH FL 33708

Mailing Address

% HOLIDAY ISLES
14711 GULF BOULEVARD
MADEIRA BEACH FL 33708

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1914021

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	JOHNSTON, GEORGE	14711 GULF BLVD	MADEIRA BEACH FL
VP	JOHNSTON, DOT	14711 GULF BLVD	MADERIA BEACH FL
S	HEFLIN, RUTH	14711 GULF BLVD	MADEIRA BEACH FL
D	FOLEY, DON	14711 GULF BLVD	MADERIA BEACH FL
D	GORLE, VIRGINIA	14711 GULF BLVD	MADEIRA BEACH FL 33708

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ST. PETERSBURG CORPORATE SERVICES, INC.
405 PASADENA AVE., SOUTH
ST. PETERSBURG FL 33707

Name

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

Suite, Apt. #, Etc.

City

900002703883-3

-12/04/98-01107-023

****150.00 ****150.00

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

GEORGE JOHNSTON President

Date

Daytime Phone #

11-17-98

741-391-9319

Gulf Coast Management, Inc.
c/o Holiday Isles
14711 Gulf Blvd.
Madeira Beach, FL 33708
November 18, 1998

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Department of State
Annual Reports Section
P. O. Box 6327
Tallahassee, FL 32314

To Whom it May Concern:

To confirm our telephone conversation, I am enclosing a new check for \$150.00 along with the corporate reinstatement form.

You indicated that our original was returned which we didn't receive. Therefore, I would request the penalties be waived.

Thank you.

Sincerely,



George Johnston
President
Gulf Coast Management, Inc.
c/o Holiday Isles
14711 Gulf Blvd.
Madeira Beach, FL 33708