

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAR 11 AM 7:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710841

1. Corporation Name

Florida Gulf Coast Apartments, Inc.

200117964202
03/14/08--01025--008 **70.00

2. Principal Office Address - No P.O. Box #

816 W. Linebaugh Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33612-7856

Country

USA

3. Mailing Office Address

816 W. Linebaugh Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33612-7856

Country

USA

REINSTATEMENT 4-08

**4. Date Incorporated or Qualified
To Do Business in Florida** 05/10/1966

5. FEI Number
59-1143970

☐ 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

Jack R. NeSmith

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

816 W. Linebaugh Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33612-7856

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Jack R. NeSmith
REGISTERED AGENT MUST SIGN

Date February 7, 2008

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
P	Jack R. NeSmith	4030 Peek Street	Mango, FL 33550
D	Lionel Fuentes	8327 Iberia Place	Tampa, FL 33637
D	Woodrow Hill	1706 Aileen Street	Tampa, FL 33607
D	Subhakar Medidi	6030 Catlin Drive	Tampa, FL 33647
D	Ron Milliner	20811 Orchardtown Drive	Land O' Lakes, FL 34638

200117964202
02/13/08--01028--023 **2318.75

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 contained in Chapter 119, 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:

Jack R. NeSmith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack R. NeSmith

02/07/2008

(813) 689-1666

Date

Daytime Phone #

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