

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 FEB 21 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746185

1. Corporation Name

Gulfside Villas, INC.

W08000007515

2. Principal Office Address - Not P.O. Box #

700 Gulf Blvd

3. Mailing Office Address

8141 54th Ave N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Indian Rocks Beach, FL

City & State

St. Petersburg, FL

Zip

Country

33785 Pinellas

Zip

Country

33709 Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

3/9/1979

5. FEI Number

592077233

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

Florida Community Property Management, LLC ^{sean} ^{Foley}

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

8141 54th Ave N

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33709

☐ 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

B. Jones

REGISTERED AGENT MUST SIGN

Date 2/5/08

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	Dennis Peterson	700 Gulf Blvd # 13	Indian Rocks Beach, FL 33785
VP	Wes Niedeehen	14152 Jan St.	Largo, FL 33774
T	Bob Labue	762 Wild Flower Dr	Palm Harbor, FL 34683
S	Janice Goot	700 Gulf Blvd # 20	Indian Rocks Beach FL, 33785
D	Nancy Harbaruk	700 Gulf Blvd # 16	Indian Rocks Beach, FL 33785

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:

Janice Goot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-6-08

Daytime Phone #

993-2981

Michael

FEB 21 2008