

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

96 NOV -4 PH 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F41319**

1. Corporation Name

NORTH AMERICAN GULF CORPORATION

Principal Place of Business

Mailing Address

P O BOX 20657
BRADENTON FL 34202
US

P O BOX 20657
BRADENTON FL 34202
US

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

08/20/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2116200

Applied For
Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

Zip

Country

Zip

Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	MORRIS, ROGER C.	550 EAGLE WATSON LANE 8717 53rd Place East	BRADENTON, FL 34202
			300001998443-1 -11/07/96--01013--010 ***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BONE, DAVID D.
788-B HUDSON AVE.
SARASOTA FL 34238

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

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

David D. Bone **SIGNATURE REQUIRED**

Date 10/30/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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:

Roger C. Morris **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROGER C. MORRIS

10/30/96

(941) 727-8481
Date Daytime Phone #

CLERK (7/96)