

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

02 MAR 13 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** G31331

**1. Corporation Name**

GULF WEST BUILDERS CORPORATION

**2. Principal Office Address**

8447 Kumquat Ave. N.

Suite, Apt. #, etc.

**City & State**

Largo, FL

**Zip**  
33777

**Country**  
USA

**3. Mailing Office Address**

8447 Kumquat Ave. N.

Suite, Apt. #, etc.

**City & State**

Largo, FL

**Zip**  
33777

**Country**  
USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3/31/1983

**5. FEI Number**

59-2293013

**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**

Bobby J. White

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

8447 Kumquat Avenue North

Suite, Apt. #, Etc.

**City**

Seminole,

**State**  
FL

**Zip Code**

33777

**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**

**Date**

3-12-02

REGISTERED AGENT MUST SIGN

**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
PD	Bobby J. White	8447 Kumquat Avenue N.	Seminole, FL 33777
VD	Adrian D. Grenier	8447 Kumquat Avenue N.	Seminole, FL 33777

**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 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:**

, President

3/12/02 727-510-3887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

9/13