

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 11 PM 4:00

DOCUMENT # G58259

1. Corporation Name

Gulfcoast Skating Center, Inc

2. Principal Office Address

8345 Congress St
Suite, Apt. #, etc.

3. Mailing Office Address

5408 St James Dr
Suite, Apt. #, etc.

City & State

Port Richey, FL

Zip

34668

Country

USA

City & State

New Port Richey, FL

Zip

34652

Country

USA

REINSTATEMENT

908-75

01-02

4. Date Incorporated or Qualified
To Do Business in Florida

09-06-1983

5. FEI Number

59-2317200

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

Kelly Drew

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

5408 St James Dr

Suite, Apt. #, Etc.

400005172864-6

-03/27/02-01084-007

1817.50 *318.75

City

New Port Richey

State

FL

Zip Code

34652

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

Kelly L Drew

REGISTERED AGENT MUST SIGN

Date 3-1-2002

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	Gary Easmunt	5008 Deer Lodge Rd	New Port Richey, FL 34655
VP	Deborah Williams	5008 Deer Lodge Rd	New Port Richey, FL 34655
ST	James Balay	8345 Congress St	Port Richey, FL 34668

AD

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:

Gary Easmunt GARY EASMUNT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-02
Date

(727) 376-3121
Daytime Phone #