


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

03 MAY 23 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G61987

1. Corporation Name

GULF TIDE OF VENICE, INC.

2. Principal Office Address

1270 Bayshore Drive

Suite, Apt. #, etc.

3. Mailing Office Address

1270 Bayshore Drive

Suite, Apt. #, etc.

City & State

Englewood, FL

City & State

Englewood, FL

Zip

34223

Country

U.S.A

Zip

34223

Country

U.S.A

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

9/30/83

5. FEI Number

59-2487816

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert A. Dickinson, Attorney At Law

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

460 S. Indiana Ave.

Suite, Apt. #, Etc.

City

Englewood

State

FL

Zip Code

34223

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**

REGISTERED AGENT MUST SIGN

Date

May 23, 2003

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/D	Martin Barbero	1270 Bayshore Drive	Englewood, FL 34223
V/D	Delores Barbero	1270 Bayshore Drive	Englewood, FL 34223

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

May 23, 2003

Daytime Phone #

941-475-3050

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