

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **G65460**

1. Corporation Name

GULF COAST CLAIM SERVICE, INC.

Principal Place of Business

**4652 W. OSAGE PL
BEVERLY HILLS FL 34465**

Mailing Address

**P.O. BOX 280
HOMOSASSA SPRINGS FL 34447**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 97

4. Date Incorporated or Qualified
To Do Business In Florida

10/18/1983

5. FEI Number

59-2343100

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PT	KLOMPARENS, DOROTHY	4652 W. OSAGE PL	BEVERLY HILLS FL 34465
VS	KLOMPARENS, PAUL	4652 W. OSAGE PL	BEVERLY HILLS FL 34465

800002382778-7
-12/24/97-01093-015
****236.25 ****236.25

JB
12-23-97

8. Name and Address of Current Registered Agent

**SMITH, MARK
GOLDBERG, GOLDSTEIN & BUCKLEY, P.A.
1515 BROADWAY
FT.MYERS FL 33950**

9. Name and Address of New Registered Agent

Name

Robert M. Todd

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

15950 Bay Vista Drive

Suite, Apt. #, Etc.

Suite 230

City

Clearwater

State
FL

Zip Code
33760

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

Robert M. Todd

REGISTERED AGENT MUST SIGN

Date **12/18/97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Paul Klopars
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/97 352-746-4490
Date Daytime Phone #

CFR2040 (8/97)