

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAR -1 PM 2:47

DOCUMENT # H51285

1. Corporation Name

GULFCOAST REALTY ENTERPRISES, INC

300170695653  
02/26/10--01043--012 \*\*450.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

18954 N Dale Mabry Hwy

Suite, Apt. #, etc.

Suite 102

City & State

Lutz, FL

Zip

33548

Country

USA

3. Mailing Office Address

18954 N Dale Mabry Hwy

Suite, Apt. #, etc.

Suite 102

City & State

Lutz, FL

Zip

33548

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida 4/9/1985

5. FEI Number  
592545127

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

Richard Gilbert

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

18954 N Dale Mabry Hwy

Suite, Apt. #, Etc.

Suite 102

City

Lutz

State

FL

Zip Code

33548

The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Richard Gilbert*

REGISTERED AGENT MUST SIGN

Date February 24, 2010

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	Richard Gilbert	18954 N Dale Mabry Hwy	Lutz, FL
S	Paul Patterson	18954 N Dale Mabry Hwy	Lutz, FL

REINSTATEMENT

08-10

10. E-mail Address: RGilb46500@aol.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify, 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:

*Richard Gilbert, Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 24, 2010

Date Daytime Phone #