

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 # J21534

1. Corporation Name

GULF CREST DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

% K. PAUL MCGUIRE, III
1507 KENWOOD AVENUE N.
ST. PETERSBURG FL 33734

% K. PAUL MCGUIRE, III
1507 KENWOOD AVENUE N.
ST. PETERSBURG FL 33734

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

4. Date Incorporated or Qualified To Do Business in Florida

06/27/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-1734125

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PDT	FORSETH, JOHN L	6558 ERDMANN RD c/o P.O. Box 136	ARENA WI 53503
VSD	FORSETH, ANNE	6558 ERDMANN RD c/o P.O. Box 136	ARENA WI 53503
			700002026147--8 -12/11/96-01066-001 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCGUIRE, K. PAUL III
1507 KENWOOD AVENUE N.
ST. PETERSBURG FL 33734

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12/5/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 007 or 017, 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)(l), 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: *John Forseth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-96 1-608-753-2442
Date Daytime Phone #

96 DEC -9
SECRETARY OF STATE
TALLAHASSEE
FILED
J21534



REINSTATEMENT

1996
mws
12/10/96

CPRE040 (7/96)