

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J75866

1. Corporation Name

GULF COAST FIRE & SAFETY EQUIPMENT, INC.

Principal Place of Business

601 N. LIME AVE  
SARASOTA FL 34237  
US

Mailing Address

601 N. LIME AVE.  
SARASOTA FL 34237  
US



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/04/1987

5. FEI Number

59-2455253

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ANGELA SILEO	3234 ELMORE PL	SARASOTA FL 34239
V.	WILLIAM P. DITZEL	5604 30th. CT. E.	BRADENTON FL 34203

900023740039  
10/13/03--01060--013 \*\*158.75

8. Name and Address of Current Registered Agent

SILEO, JAMES J., JR.  
3234 ELMORE PLACE  
SARASOTA FL 34239

9. Name and Address of New Registered Agent

Name	ANGELA SILEO		
Street Address	3234 ELMORE PLACE		
Suite, Apt. #, Etc.			
City	SARASOTA	State	FL
		Zip Code	34239

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/8/03

11. 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

ANGELA SILEO

Date

Daytime Phone #

10/8/03 (941) 955-6074

CR2E040 (7/03)

**GULF COAST FIRE & SAFETY INC.**  
SALES-INSTALLATION-SERVICE



OCTOBER 9, 2003

TO: DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314-6327

FROM: ANGELA SILEO  
GULF COAST FIRE & SAFETY EQUIPMENT, INC.  
601 N. LIME AVENUE  
SARASOTA, FLORIDA 34237-4435

RE: REINSTATEMENT OF CORPORATION..DOCUMENT #J75866  
TOTAL PAYMENT ENCLOSED - \$158.75

\$150 FEE + \$8.75 for Status Certificate  
ATTENTION: GLENDA HOOD

ENCLOSED PLEASE FIND OUR CHECK FOR \$150 UBR FEE FOR  
REINSTATEMENT OF OUR CORPORATION. OUR ANNUAL REPORT WAS  
NEVER RECEIVED AND THE NOTICE OF ADMINISTRATIVE DISSOLUTION OR  
REVOCATION ARRIVED AT OUR OFFICE YESTERDAY, OCTOBER 8, 2003.

OUR COMPANY HAS NOT BEEN DISSOLVED. WE CONTINUE TO DO  
BUSINESS AS USUAL AT OUR SAME ADDRESS SINCE 1987.  
PLEASE FORWARD CERTIFICATE OF STATUS TO CONFIRM.

NOTE: OUR OFFICERS HAVE CHANGED.

WE APPRECIATE YOUR ATTENTION TO THIS MATTER. THANK YOU.  
SINCERELY,

GULF COAST FIRE & SAFETY EQUIPMENT, INC.  
ANGELA SILEO, PRESIDENT  
WILLIAM P. DITZEL, VICE PRESIDENT

*Angela Sileo*  
601 N. LIME AVENUE  
SARASOTA, FLORIDA 34237  
(941) 955-6074 FAX: (941) 951-2428



601 NORTH LIME AVENUE • SARASOTA, FLORIDA 34237 • (941) 955-6074 or 365-6114