

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 Mailing Address

601 N. LIME AVE
SARASOTA FL 34237
US

601 N. LIME AVE
SARASOTA FL 34237
US

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 03

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ANGELA SILEO STI	3234 ELMORE PL	SARASOTA FL 34239
V.	WILLIAM P. DITZEL	5604 30th.CT.E.	BRADENTON FL 34203
			908023748899 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 Ad. (Not Acceptable)
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

Angela Sileo
REGISTERED AGENT MUST SIGN

Date

10/13/03

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: *Angela Sileo* ANGELA SILEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03 (441) 955-6074

Daytime Phone #

GULF COAST FIRE & SAFETY INC.

SALES-INSTALLATION-SERVICE



OCTOBER 9, 2003

TO: DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. POX 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

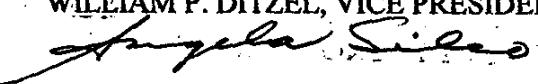
ENCLOSED PLEASE FIND OUR CHECK FOR \$150 UBR FEE FOR
REINSTATEMENT OF OUR CORPORATION. OUR ANNUAL REPORT WAS
NEVER RECEIVED AND THE NOTICE OF ADMINISTRATIVE DISSOLUTION OR
REVOCATION ARRIVED AT OUR OFFICE YESTERDAY, OCTOBER 8, 2003.

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


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

2400 BES 4 87 12 200 2000 06

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2000 12 23 32



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