

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

04 JUL -1 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000000999

Name and Mailing Address:

0013996 01 AT 0.292 **AUTO T1 0 0615 33908-449908
GULFVIEW INVESTMENTS, LLC
6108 WATERWAY BAY DR.
FT. MYERS FL 33908-4499



US

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1206 S.E. 40TH STREET 205 CAPE CORAL FL 33904 US		5. Date Organized or Qualified To Do Business in Florida 01/10/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 26-0039580 Applied For Not Applicable	
8. Name and Address of Current Registered Agent LODGE, TERRI A 6108 WATERWAY BAY DR. FT. MYERS FL 33908		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent: <i>TERRI A LODGE</i> SIGNATURE REQUIRED Date: <i>6/24/04</i> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	LODGE, TERRI A	6108 WATERWAY BAY DR.	FT. MYERS FL 33908
MGR	HITCH, HELEN N	1206 S.E. 40TH STREET	CAPE CORAL FL 33904
200035442832 05/05/04--01016--017 **200.00			
2003-2004 REINSTATEMENT			
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: <i>TERRI A LODGE</i> SIGNATURE REQUIRED Date: <i>6/29/04</i> Daytime Phone: <i>239 470-7759</i> Typed or printed name of signing Managing Member/Manager: <i>TERRI A LODGE</i>			

CR2E084 (7/03)