

10/18/22, 12:44 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L0900051055

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ryanb@inlandmarinefl.com

LIMITED LIABILITY REINSTATEMENT
GULF COAST HOME SERVICES AND CONSULTING LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$1,903.75

Please file reinstatement first and file Articles of Amendment Second.

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October 17, 2022

FLORIDA DEPARTMENT OF STATE

Division of Corporations

GULF COAST HOME SERVICES AND CONSULTING LLC
2111 OXFORD RIDGE CIRCLE
LEHIGH ACRES, FL 33973US

SUBJECT: GULF COAST HOME SERVICES AND CONSULTING LLC
REF: L09000051055

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

To get this filed you must do the paper reinstatement form that would have been linked in the rejection you received. You can do a fax cover sheet for the reinstatement and then send both over as 1-2 filings.

If you have any further questions concerning your document, please call (850) 245-6051.

KYLE D BRUMBLEY

FAX Aud. #: H22000355390

Regulatory Specialist II Supervisor
Registration Section

Letter Number: 622A00023234

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

(((H22000357258 3)))

DOCUMENT # L09000051055

1. Limited Liability Company's Name

Gulf Coast Home Services and Consulting LLC

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

17301 Broadway Street

Suite, Apt. #, etc.

Suite 884

City & State

Alva, FL

Zip

33920

Country

USA

3. Mailing Office Address

17301 Broadway Street

Suite, Apt. #, etc.

Suite 884

City & State

Alva, FL

Zip

33920

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida

May 27, 2009

6. FEI Number

Applied For

☒ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐**\$5.00 Additional Fee required
for a certificate of status**

8. Name and Address of Current Registered Agent

Name

Dean Mead Services, LLC

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

420 S. Orange Avenue

Apt. #, Etc.

Suite 700

City

Orlando

State

FL

Zip Code

32801

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/18/22

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Ryan A. Berger	17301 Broadway Street, Suite 884	Alva, FL 33920

11. E-mail Address: ryanb@inlandmarineff.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

10/18/22

Daytime Phone #

(239) 209-4772

Typed or printed name of signing authorized representative/member

Ryan A. Berger

 2022 OCT 18 AM 8:56
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 AND
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CR2ED41 (1/14)