PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN 23 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 94-05

DOCUMENT # L75684

1. Corporation Name
Gulfshore Industries of Sarasota/Manatee,Inc

2. Principal Office Address		3. Mailing Office Address	
353 Springdale Drive		353 Springdale Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Bradenton, Florida		City & State: Bradenton, Florida	
Zip: 34210	Country: Manatee	Zip: 34210	Country: Manatee

4. Date Incorporated or Qualified To Do Business in Florida: 5-23-1990

5. FEI Number: 650239330 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Robert McKinnon Wingo

Street Address (P.O. Box Number is Not Acceptable): 353 Springdale Drive

100057096461
07/06/05--01060--003 **24075

Suite, Apt. #, Etc.:

City: Bradenton | State: FL | Zip Code: 34210

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Robert McKinnon Wingo — Date: 6-7-05
REGISTERED AGENT MUST SIGN

CR2E061 (01/05)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Alicia Z. Wingo	353 Springdale Drive	Bradenton, FL 34210
V	Robert M. Wingo	353 Springdale Drive	Bradenton, FL 34210

10. 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: Robert M Wingo — ROBERT M. WINGO — 6-7-05 — 941-758-6016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #