

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

*FILED
DIVISION OF STATE
CORPORATIONS

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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L99000067246			
1. Limited Liability Company's Name GULF COAST REAL ESTATE, LLC			
2. Principal Office Address 535 TURTLE HATCH RD		3. Mailing Office Address 535 TURTLE HATCH RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34103	Country U.S.A	Zip 34103	Country U.S.A
4. State/Country of Formation FLA USA		5. Date Organized or Qualified To Do Business in Florida 10/29/1999	
6. FEI Number 598610786		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name CORPORATION SERVICE COMPANY			
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET			
Suite, Apt. #, Etc.			
City TALLAHASSEE		State FL	Zip Code 32301-2525
9. 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 Cynthia L. Harris		Date 11/9/05	
REGISTERED AGENT MUST SIGN as its agent			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
(MGR) (E.O.)	MARCELO W. MATTSCHET, DDS	535 TURTLE HATCH RD.	NAPLES, FL 34103
(MGR) (E.O.) PRESIDENT	DAWN W. ARENA - MATTSCHET	535 TURTLE HATCH	NAPLES, FL 34103
REINSTATEMENT 03-05			
11. 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 Dawn W. Arena - Mattschei		Date 11/9/05	
Typed or printed name of signing Managing Member/Manager DAWN W. ARENA - MATTSCHET		Daytime Phone (239) 268-6806 (H) (239) 268-6806 (F) (239) 821-8386 (C)	