

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT -3 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M72161**

1. Corporation Name

Gulf Services, INC.

REINSTATEMENT 91-05

CR2E081 (8/05)

2. Principal Office Address

137 S.W. Stewart Loop
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2999
Suite, Apt. #, etc.

City & State

Lake City, FL

City & State

Lake City, FL

4. Date Incorporated or Qualified
To Do Business in Florida

3-16-1988

5. FEI Number

592885583

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James R. Free

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

137 S.W. Stewart Loop

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32024

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

James R. Free

REGISTERED AGENT MUST SIGN

Date **10-3-2005**

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
PST	James R. Free	1375W Stewart Loop	Lake City, FL 32024

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.

386-755-5252

SIGNATURE:

James R. Free

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Free

Date

10-3-2005

Daytime Phone #

W. Williams OCT 3 - 2005