

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M92260

1. Corporation Name

SOUTHEAST GULF COAST SALES, INC.

Principal Place of Business

5 East Fairfield Drive  
Pensacola, FL 32501

Mailing Address

P. O. Drawer 1259  
Gulf Breeze, FL  
32562

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED  
99 MAY 19 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT** 98-99

4. Date Incorporated or Qualified  
To Do Business in Florida

7/28/1988

5. FEI Number

59-2920069

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Bunt, Lane Alan	113 Chanteclair Circle	Gulf Breeze, FL 32561

8. Name and Address of Current Registered Agent

Brown, Gerald L.  
601 S. Palafox St.  
Pensacola, FL 32501

9. Name and Address of New Registered Agent

Name  
Lane Alan Bunt  
Street Address (P.O. Box Number is Not Acceptable)  
113 Chanteclair Circle  
Suite, Apt. #, Etc.

City  
Gulf Breeze

State  
FL

Zip Code  
32561

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Lane Alan Bunt*

REGISTERED AGENT MUST SIGN

Date 4/26/99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lane Alan Bunt*

4/26/99

Date

(850)433-0159

Daytime Phone #

CI 126 (04/01/98)