

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO1000005154**

1. Corporation Name

GULF COAST VENTURE FORUM, INC.

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

350 5th Avenue S.

Suite, Apt. #, etc.

203

City & State

Naples FL

Zip

34102

Country

USA

3. Mailing Office Address

350 5th Avenue S.

Suite, Apt. #, etc.

203

City & State

Naples, FL

Zip

34102

Country

USA

7. Name and Address of Current Registered Agent

Name

TIMOTHY J. CARTWRIGHT

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

350 5th Avenue South

Suite, Apt. #, Etc.

Suite 203

City

Naples

State

FL

Zip Code

34102

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

Timothy J. Cartwright

REGISTERED AGENT MUST SIGN

Date **4/17/07**

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
PD	TIMOTHY CARTWRIGHT	350 5 th Avenue S. #203	Naples, FL 34102
VD	TAMMIE NEMECEK	3050 Horseshoe Dr. N #120	Naples, FL 34104
S	KEVIN CARMICHAEL	1395 Panther Ln. #300	Naples, FL 34109
T	TIMOTHY CARTWRIGHT	350 5 th Avenue S #203	Naples, FL 34102

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 contained in Chapter 119, 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:

TIMOTHY J. CARTWRIGHT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy J. Cartwright 239.
262-6300
Date **4/16/07** Daytime Phone #

FILED

07 APR 23 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400102644774
05/16/07--01037--010 **420.00

REINSTATEMENT 04-07

4. Date Incorporated or Qualified
To Do Business in Florida

7/20/2001

5. FEI Number

65-2861665

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.