

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N02000005983*

1. Corporation Name

Gulf Coast Barracudas Inc

2. Principal Office Address

4632 Vincennes Blvd

Suite, Apt. #, etc.

101

City & State

Cape Coral, FL

Zip

33904

Country

Lee

3. Mailing Office Address

4632 Vincennes Blvd

Suite, Apt. #, etc.

101

City & State

Cape Coral, FL

Zip

33904

Country

Lee

FILED
06 JAN 11 AM 9:15
TALLAHASSEE, FLORIDA
REINSTATEMENT 03-06

Roberts JAN 19 2008
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

08/05/02

5. FEI Number

33-1015418

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

Jim McClure

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

4324 SE 1st Place

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

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 W McClure
REGISTERED AGENT MUST SIGN

Date

1/11/06

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
<i>PD</i>	<i>Jim McClure</i>	<i>4324 SE 1st Place</i>	<i>Cape Coral, FL 33904</i>
<i>TD</i>	<i>Bill Mattingly</i>	<i>1470 Xavier Avenue</i>	<i>Fort Myers, FL 33919</i>

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:

Bill A. Mattingly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bill A. Mattingly Treasurer

Date

1/14/06

Daytime Phone #

239/549-1388