

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -5 PM 4:00

DOCUMENT # N11222

1. Corporation Name

G GULF COAST ASSOCIATION OF GOVERNMENTAL
PURCHASING OFFICERS

2. Principal Office Address

18500 Murdock Circle

Suite, Apt. #, etc.

344

City & State

Port Charlotte, FL

Zip

33948

Country

Charlotte

3. Mailing Office Address

18500 Murdock Circle

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

Zip

33948

Country

Charlotte

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2785131

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

Kimberly Corbrett

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

18500 Murdock Circle

Suite, Apt. #, Etc.

344

City

Port Charlotte

State
FL

Zip Code

33948

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

Kimberly Corbrett
REGISTERED AGENT MUST SIGN

Date 12/02/01

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	Carole Smith	18500 Murdock Cir.	Port Charlotte, FL 33948
VD	Mariann Day	326 W Marion Ave	Punta Gorda, FL 33950
T	Roger Lesczynski	18500 Murdock Circle	Port Charlotte, FL 33948

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)(f), 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: Roger Lesczynski, Treasurer *Roger Lesczynski* 12-02-01 (941) 743-1379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #