

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jan 21, 2003 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **N34550**

1. Corporation Name

**GULF COAST SENIOR GAMES, INC.**

Principal Place of Business

3707 26TH STREET W.  
BRADENTON FL 34205  
US

Mailing Address

3707 26TH STREET W.  
BRADENTON FL 34205  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/03/1989

5. FEI Number

65-0155278

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MCARTHUR, DAVID	3707 26TH STREET W.	BRADENTON FL 34205
TD	DEPEW, GORDON	4407 MUIRFIELD DR	BRADENTON FL 34210
SD	KAWGAK, JEANNIE MCARTHUR, DIANNE	1700 21ST AVENUE WEST 3707 26th St. W.	BRADENTON FL 34205

8. Name and Address of Current Registered Agent

MCARTHUR, DAVID  
3707 26TH STREET W.  
BRADENTON FL 34205

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*David McArthur* **REQUIRED**

REGISTERED AGENT MUST SIGN

Date **1-15-03**

11. 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:

*David McArthur* **REQUIRED** **McARTHUR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-15-03**

CR2E040 (8/02)