

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAR 13 PM 4:24

STATE  
INITIALS: FL, FLORIDA

DOCUMENT # P00000043074

1. Corporation Name

Gulf Coast Leather Express, Inc.

2. Principal Office Address

1507 17th Street East

Suite, Apt. #, etc.

3. Mailing Office Address

1507 17th Street East

Suite, Apt. #, etc.

City & State

Palmetto, Florida

City & State

Palmetto, Florida

Zip

34221

Country

United States

Zip

34221

Country

Sarasota

4. Date Incorporated or Qualified  
To Do Business in Florida

4/27/00

5. FFL Number

651017838

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

Judd, Ulrich, Scarlett & Dean, P.A.

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

2940 S. Tamiami Trail

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34239

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

REGISTERED AGENT MUST SIGN

Date

3-6-06

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
President	Thomas M. McKenna, Jr.	1507 17th Street East	Palmetto, Florida 34221
Vice President	Nidia V. McKenna	1507 17th Street East	Palmetto, Florida 34221

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/7/6 650-6620

Daytime Phone #