

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000053200

1. Corporation Name

GULF COAST TESTING, INC.

Principal Place of Business

Mailing Address

701 BELLE CHASE CIRCLE
TAMPA FL 33634

701 BELLE CHASE CIRCLE
TAMPA FL 33634

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3653303

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DUFENY, CHARLES R	701 BELLE CHASE CIRCLE	TAMPA FL 33634

900004669329--8

11/06/01-01071-020

****150.00 ****150.00

10/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDREWS, JANA
2807 W BUSCH BLVD Ste 202
TAMPA FL 33618

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.

Signature of
Registered Agent

 JANA ANDREWS
REGISTERED AGENT MUST SIGN

Date 10-15-01

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:

 Charles R. Dufeny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-15-01

Daytime Phone #

813-243-8244

CR2040 (8/01)

October 15, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327



I received this month a Notice of Administrative Dissolution or Revocation from your office. This is the first correspondence received on the matter this year. Per instructions from your office via telephone today I have enclosed this letter along with the Application for Reinstatement and the \$150 annual fee.

Sincerely,
GULFCOAST TESTING, INC



Charles Dufeny
President