## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR--REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

4582 E ALHAMBRA CIR

## DOCUMENT # P0000074185

1. Corporation Name

GULF SHORE CONSTRUCTION, INC.

Country

Name of Officers

and/or Directors

Principal Place of Business

2. New Principal Office Address, If Applicable

fernandez. Luis jr

FERNANDEZ. ELIZABETH

Mailing Address

4582 E ALHAMBRA CIR NAPLES FL 34103

Suite, Apt. #, etc.

City & State

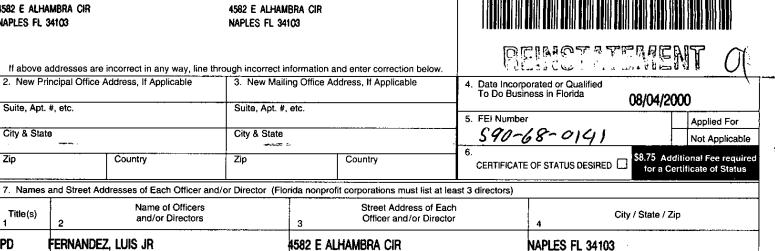
Title(s)

PD

VSTD

4582 E ALHAMBRA CIR

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NAPLES FL 34103

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\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent	Name and Address of New Registered Agent	1
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	Name	1
	Street Address (P.O. Box Number is Not Acceptable)	1
	Suite, Apt. #, Etc.	1
	City State Zip Code FL	

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

REGISTERED AGENT MUST SIGN

10-29-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 - 29 - '01 te Daytime Phone #