PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000011912

1. Corporation Name

BFH GULFCOAST, INC.

this reinstatement application, the reason

owed by the corporation have been part on this application is true and accurate,

and my signature shall

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

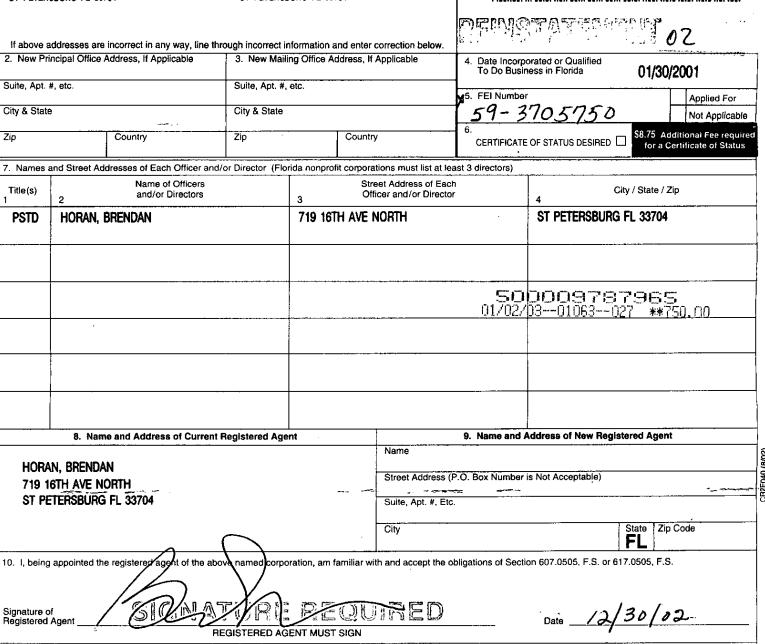
Principal Place of Business

719 16TH AVE NORTH ST PETERSBURG FL 33704 Mailing Address

719 16TH AVE NORTH ST PETERSBURG FL 33704 FILED

03 JAN -2 AM 7:56

SECRETARY OF STATE TALLAHASSEE, FLORIDA



11. I certify that I am an officer or director or the receiver or mustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling

have the same legal effect as if made under oath.

for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees 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