## 2006 FOR PROFIT CORPORATION REINSTATEMENT

Kimberly

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DOCUMENT # P01000057762						
1. Entity Name						
GULFSIDE LANDSCAPING, INC.				06 00T 16 Fi	7: 25	
			37	0000110	,	
				4		
•	ce of Business	Mailing Address			. A	
9205 N LAT		9205 N LATHAM				
PENSACOLA, FL 32514 PENSACOLA, FL 32514				•		
				I JESHOOL IN ESISY WEN ESIN BRIN ESIN O	TIRA BAYA KOBIN KERIS BIKAR KIDIRBA IN 1984	
2. Principal F	Place of Business	3. Mailing Address				
822	1 Kipling St	8,991 KIDI!	NgSt.		1 19- 19-20   19- 11 al-auth-tuesti Draise aitte iteisest it janet	
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.		101220061 SREME	CR2E098 (11/05)	
0: 20:		•		9.47-19.0	- T	
City & Stat	GCOIG FL.	Den Sacola	FL	4. FEI Number 59-3730862	Applied For	
		Country	39-3730662	Not Applicable		
.32£	514 Espambia	1 325 IU 1 P	<u> </u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
- 6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
Name						
MARTIN, KIMBERLY C			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
9205 N LATHAM ST PENSACOLA, FL 32514			Sireet Address	Street Address (P.U. Box Number is Not Acceptable)		
LINOAGO	)CA, I C 323 14					
			City		Zip Code	
			'		<b>FL</b>   '	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept						
the obligations of registered agent.						
SIGNATURE XUNCULLA MOSTLA HUB KIMBERLY Martin 10-1-06						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
	LE NOW!!! FEE IS \$150.00 nuary 1, 2007, Fee will be \$300.00				n s. 607.193(2)(b), F.S., the treceive the prior notice.	
				cosporation did no	creative the profitiones.	
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 11	
TITLE	P MARTIN KIMPERING	☐ Delete	TITLE P K	mberly c Martin	(∑X) Change ☐ Addition	
NAME STREET ADDRESS	MARTIN, KIMBERLY C 9205 N LANTAM STREET		NAME 8	221 Kipling St		
CITY-ST-ZIP	PENSACOLA, FL 32514		STREET ADDRESS	ensacola fr 32511	J	
TITLE	VP	☐ Delete				
NAME	MARTIN, JAMES	Li Delete		mes Martin	Change	
STREET ADDRESS	9205 N LATHAM		STREET ADDRESS   82	.21 Kiplingst	,	
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP	nsacola fi 3251	4	
TITLE		☐ Delete	TITLE	_	☐ Change ☐ Addition	
NAME			NAME	-		
STREET ADDRESS			STREET ADDRESS			
_CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME Street address			NAME CENTER ADDRESSO	1000808	377351	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	1000808 10/16/0601049	5011 **150.00	
TITLE						
NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	<u> </u>	☐ Change ☐ Addition	
NAME			NAME		_ ,	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director						
of the curpulation of the receiver of trustee embowered to execute this report as required by Chapter MI/. Horida Statutes, and that my name appears in Riock 10 or Riock 11 if						
changed, or on an attachment with an address, with all other like empowered.						
changed,	or on an attachment with an address, wi	ith all other like empowered.	A CHAPTER OF		į	
SIGNAT	or on an attachment with an address, wi	th all other like empowered.	Do e N		850-478-8540	