PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION EOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Sect is 1 of State
DISICHER COMPORATIONS

DOCUMENT # P0100007810	٤

1. Corporation Name

GULF SHORE COINS, INC.

Principal Place of Business

1035 VIA FORMIA PUNTA GORDA FL 33950 Malling Address

1895 VIA FORMIA PUNTA GORDA FL 99950 FILED

02 OCT 30 AMII: 4!

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above	addresses are incorrect in any way, line through i	ncorrect information and enter cor	rrection below.					
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable GULF SHORE COINS, INC.				Date Incorporated or Qualified To Do Business in Florida 08/06/2001				
Suite, Apt.		le, Apt. #, etc.	L	. FEI Number		· ·		
City & State City & State		775 LENNA DR 18 State 1ELLVILLE, GE	<u>' </u>	7/0877590 Not Applicab				
Zip	Country Zip	0039 Country	6	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status				
7. Names	and Street Addresses of Each Officer and/or Dire	ector (Florida nonprofit corporation	ns 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	BASYE, KENNETH H JR.	1035 VIA FORMIA			PUNTA GORDA FL 33950			
D	BASYE, BARBARA A	1035 VIA FORMIA			PUNTA GORDA FL 33950			
D	BASYE, BENJAMIN A	3775 LENNA DR.	3775 LENNA DR.			SNELLVILLE GA 30039		
D	BASYE, JENNIFER L	3775 LENNA DR.	3775 LENNA DR.			SNELLVILLE GA 30039		
			94 - 1	10/30/	3608696 3)201044007	35 **150.00		
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent				
	e, kenneth h jr.		lame					
1035 VIA FORMIA			Street Address (P.O. Box Number is Not Acceptable)					
PUNTA	A GORDA FL 33950	s	Suite, Apt. #, Etc.					
		C	City		State	Zip Code		
10. I, being	appointed the registered agent of the above name	ed corporation, am familiar with a	nd accept the obliga	tions of Sectio	n 607.0505, F.S. or 617.050	5, F.S.		

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 of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

10-28-02

Daytime Phone #

Date 10-28-02

. d. . . Di

Gulf Shore Coins, Inc. P.O. Box 390402 Snellville, Georgia, 30039 e-mail: basye2@aol.com

O etober 28th, 2002 Dear Sir/mam, This will confirm that we were not in receipt of the UBR notices. I have noted the applicable mailing address in my application for reinstatement. The corporation transacted no business during the previous year, but we anticipate doing business during this sallander year. l'am enclosing our re-instalement free. I'm not quite ready to retise.

Very Respectfully, Kenneth & Basyefr. C-EO- Pres.