

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -5 AM 11:27

DOCUMENT # P01000091178

1. Corporation Name

GULF COAST AQUACULTURE, INC.

2. Principal Office Address

450 DOCK STREET

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 630

Suite, Apt. #, etc.

City & State

CEDAR KEY, FLORIDA

City & State

CEDAR KEY, FLORIDA

Zip

32625

Country

U.S.

Zip

32625

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

SEPTEMBER 14, 2001

5. FEI Number

59-3748671

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TERRY TATARU

Street Address (P.O. Box Number is Not Acceptable)

450 DOCK STREET

Suite, Apt. #, Etc.

City

CEDAR KEY

State
FL

Zip Code

32625

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date April 30, 2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	TERRY TATARU	450 DOCK STREET	CEDAR KEY, FL 32625
D/T	TERESA TATARU	7750-SW 125TH TERRACE	CEDAR KEY, FL 32625
D/V	AARON SLOAN	9103 E. ROYAL PALM DRIVE	INVERNESS, FL 34450
D/S	JESSICA SLOAN	9103 E. ROYAL PALM DRIVE	INVERNESS, FL 34450

10. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY TATARU, DIRECTOR/PRES.

04-30-2003 (352) 543-6090

Date

Daytime Phone #

CR2E081 (10/02)

5/9/03

Gulf Coast Aquaculture, Inc.

P.O. Box 630 • Cedar Key, Florida 32625 • (352) 543-6090

April 30, 2003

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

To Whom It May Concern

I am enclosing an application for corporation reinstatement, along with a corporate check in the amount of \$308.75 for your disposition.

The corporation has never received an Annual Report/Uniform Business Report Form since it's incorporation on September 14, 2001. Consequently, we are requesting that the \$300.00 be accepted as the annual fees through the current time. We are also requesting a Certificate of Status.

If you have any questions concerning the above, please feel free to contact me. Thank you for your assistance and cooperation in this matter.

Very truly yours,


Terry Tataru, Director/President
Registered Agent

TT:tjt
Enclosures