

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -9 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000002509

1. Corporation Name

GULF ASSETS, INCORPORATED

Principal Place of Business

Mailing Address

5249 NAUTILUS DRIVE
CAPE CORAL FL 33904

5249 NAUTILUS DRIVE
CAPE CORAL FL 33904



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~5249 1st Tenth Ave SW~~
Suite, Apt. #, etc.

~~5249 Tenth Ave SW~~
Suite, Apt. #, etc.

Naples FL 34116
City & State

Naples FL 34116
City & State

Zip Country
USA

Zip Country
USA

REINSTATEMENT 03

To Do Business in Florida

01/07/2002

5. FEI Number

Applied For

20-0085616

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DANG, GURCHARN	5249 NAUTILUS DRIVE	CAPE CORAL FL 33904
D	DANG, JAGJEET K	5249 NAUTILUS DRIVE	CAPE CORAL FL 33904

000025338750
12/09/03-01014-007 **750.00

8. Name and Address of Current Registered Agent

DANG, GURCHARN S
5249 NAUTILUS DRIVE
CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

Name Dang, Gurcharn S
Street Address (P.O. Box Number is Not Acceptable)
5249 Tenth Ave SW
Suite, Apt. #, Etc.
Naples FL 34116
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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/3/03

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/3/03 2392539336

CR2E040 (7/03)