

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P02000002725

1. Corporation Name

GULFSIDE GLASS & SCREEN, INC.

Principal Place of Business

757 E. GORRIE DR.
ST. GEORGE ISLAND FL 32328

Mailing Address

757 E. GORRIE DR.
ST. GEORGE ISLAND FL 32328

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

2. New Principal Office Address, If Applicable

43 Island Dr.
Suite, Apt. #, etc.
Eastpoint, FL
City & State

3. New Mailing Office Address, If Applicable

43 Island Dr.
Suite, Apt. #, etc.
Eastpoint, FL
City & State

Zip 32328 Country US

Zip 32328 Country US



300024488993
11/09/03-01050-006-***750.00

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4. Date Incorporated or Qualified
To Do Business in Florida

01/09/2002

5. FEI Number

30 0172239

Applied For

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	Leonard Craig Conway	43 Island Dr.	Eastpoint, FL 32328

8. Name and Address of Current Registered Agent

CONWAY, LEONARD CRAIG
757 E. GORRIE DR.
ST. GEORGE ISLAND FL 32328

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/10/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Leonard Craig Conway 10/10/03 850-670-1420

Date

Daytime Phone #