

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 27 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000086188**

1. Corporation Name

GULF COAST PUEBLO

2. Principal Office Address - No P.O. Box #

975 PINE RIDGE RD.

Suite, Apt. #, etc.

3. Mailing Office Address

1459 PALMA BLANCA CT.

Suite, Apt. #, etc.

City & State

NAPLES, FL.

City & State

NAPLES, FL.

Zip

34108

Country

COLOMBIA

Zip

34119

Country

COLOMBIA

4. Date incorporated or Qualified
To Do Business in Florida

2002

5. FEI Number

06-1643211

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SE-75 (Annual Fee Waiver)
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MR. ANTONIO FAGR, ESQ.

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

7955 AIRPORT-PUING RD. NO.

Suite, Apt. #, Etc.

101

City

NAPLES

State

FL

Zip Code

34109

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Antonio Fagr

REGISTERED AGENT MUST SIGN

Date **1/20/09**

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
Pres.	JOANN ROMANO	1459 PALMA BLANCA CT.	NAPLES, FL. 34119
Managers J, V, T			

REINSTATEMENT

RH

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 contained in Chapter 119, 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:

Joann Romano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/09

Date

239-566-7879

Daytime Phone #

January 20, 2009

Department of State
Division of Corporations
PO Box 6327
Harrisburg, PA 17114

Re: Reinstatement of Gulf Coast Purveyors, Inc. Corporate Status
Tax ID# 061647211

To Whom It May Concern:

This letter is in request for reinstatement of corporate status for the above named corporation. In November of 2006 the business was sold and all correspondence, mail etc. was discarded by the new owners rather than being forwarded, as it should have been. As a result, no notification for renewal of the corporation was ever received. The bank that handles the business account, Bank of Florida, contacted me on Friday, January 17, 2009, and advised that the corporation was now in an "inactive" status and suggested contacting you for guidance in reinstatement.

The attorney for the corporation, Mr. Antonio Faga was also contacted and advised remitting a check immediately in good faith in the amount of \$450.00 to cover fees for 2007, 2008 and 2009. I am requesting a waiver of any additional fees due to the fact that an official notice of renewal was never received. I apologize for the delay and would appreciate your understanding in this matter.

Thanking you in advance for your time and consideration regarding this urgent matter, I remain,

Sincerely,

Joann Romano
President

P.S. I can be reached @ 239-293-7396 if you have any questions