


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P02000106797**

1. Entity Name  
**GULFSIDE AUTO WHOLESALE CORP.**



FILED  
05 APR 22 AM 9:42  
TALLAHASSEE, FLORIDA

Principal Place of Business: **6565-90TH AVE. NORTH  
ST. PETERSBURG, FL 33782**

Mailing Address: **6565-90TH AVE. NORTH  
ST. PETERSBURG, FL 33782**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04102005 REIN-P CR2E098 (6/04)

4. FEI Number <b>11-3664419</b>		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

**6. Name and Address of Current Registered Agent**

**GOUGE, MONICA**  
**6565-90TH AVE. NORTH**  
**ST. PETERSBURG, FL 33782**

**7. Name and Address of New Registered Agent**

Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Monica S. Gouge* (NOTE: Registered Agent signature required when reinstating) DATE: **4-10-05**

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>GOUGE, JAMES</b> <input type="checkbox"/> Delete <b>6565-90TH AVE. NORTH</b> <b>ST. PETERSBURG, FL 33782</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <b>GOUGE, MONICA</b> <input type="checkbox"/> Delete <b>6565-90TH AVE. NORTH</b> <b>ST. PETERSBURG, FL 33782</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>700054243877</b> <b>05/11/05--01009--018</b> **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Monica S. Gouge* DATE: **4-10-05** DAYTIME PHONE #: **727-544-6420**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR