

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000027158

FILED
Nov 25, 2008
Secretary of State

Entity Name: GULF FRONT PROPERTIES CORPORATION

Current Principal Place of Business:

13700 PERDIDO KEY DR
PENSACOLA, FL 32507

New Principal Place of Business:

13700 PERDIDO KEY DR SUITE 106
PENSACOLA, FL 32507

Current Mailing Address:

14113 PERDIDO KEY DRIVE
PENSACOLA, FL 32507

New Mailing Address:

P O BOX 34466
PENSACOLA, FL 32507

FEI Number: 91-2185737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLASSELL, BRUCE C
13700 PERDIDO KEY DR
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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.

SIGNATURE: BRUCIE C GLASSELL

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: GLASSELL, BRUCE C
Address: 14113 PERDIDO KEY DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: VP () Delete
Name: FARR, ASHLEY G
Address: 14113 PERDIDO KEY DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: S () Delete
Name: RAPIER, BECKIE
Address: 14113 PERDIDO KEY DRIVE
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: GLASSELL, BRUCE C
Address: 13700 PERDIDO KEY DRIVE, SUITE 106
City-St-Zip: PENSACOLA, FL 32507

Title: VP (X) Change () Addition
Name: FARR, ASHLEY G
Address: 13700 PERDIDO KEY DRIVE, SUITE 106
City-St-Zip: PENSACOLA, FL 32507

Title: S (X) Change () Addition
Name: RAPIER, BECKIE
Address: 13700 PERDIDO KEY DRIVE, SUITE 106
City-St-Zip: PENSACOLA, FL 32507

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCIE C GLASSELL

Electronic Signature of Signing Officer or Director

DPT

11/25/2008

Date