

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JUN 22 PM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 07-10**

DOCUMENT # P03000038011

1. Corporation Name

Gulf Coast Development &  
Restoration, Inc.

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

6285 Wilshire Pines

Suite, Apt. #, etc. Circle # 707

City & State

Naples, FL.

Zip

34109

Country

USA

3. Mailing Office Address

6285 Wilshire Pines

Suite, Apt. #, etc. Circle # 707

City & State

Naples, FL.

Zip

34109

Country

USA

100182481451

06/23/10--01003--011 \*\*1050.00

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

562338464

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Daniel A. Whewell

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

6285 Wilshire Pines Circle

Suite, Apt. #, Etc.

# 707

City

Naples, FL.

State

FL

Zip Code

34109

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

D. Whewell

REGISTERED AGENT MUST SIGN

Date 6/18/10

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
President	Daniel A. Whewell	6285 Wilshire Pines Circle # 707	Naples, FL. 34109

10. E-mail Address: dw@gccontractors.com

(To be used for future annual report notification)

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. I further certify, 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:

D. Whewell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/10 (239) 566-1080

Date

Daytime Phone #