

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 MAR -9 PM 12:30
TALLAHASSEE, FLORIDA

DOCUMENT # P03000115331

1. Entity Name
GULF TO BAY DESIGNS, INC.



Principal Place of Business
2416 BREAKWATER CIRCLE
SARASOTA, FL 34231

Mailing Address
2416 BREAKWATER CIRCLE
SARASOTA, FL 34231



2. Principal Place of Business
5316 Fox Run Road
Suite, Apt. #, etc.

3. Mailing Address
5316 Fox Run Road
Suite, Apt. #, etc.

City & State
Sarasota FL
Zip
34231
Country
USA

City & State
Sarasota FL
Zip
34231
Country
USA

01232006 REIN-P CR2E098 (11/05)
20-0338662
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SNYDER, DONALD H JR.
5603 26TH STREET WEST
BRADENTON, FL 34207

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 *Donald H Snyder*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23/06
DATE

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 P
NAME GORNSHTEYN, DENNIS
STREET ADDRESS 2416 BREAKWATER CIRCLE
CITY-ST-ZIP SARASOTA, FL 34231 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 5316 Fox Run Road
CITY-ST-ZIP Sarasota FL 34231 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 500067944375
CITY-ST-ZIP 03/15/06--01005--028 **300.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Donald H Snyder*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/06
Date

Daytime Phone #