

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

16 JAN 14 PM 3:58

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P04000030954

1. Corporation Name

Gulf Coast Printing Consultants of FL, Inc

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

8917 Apalachee Pkwy
Suite, Apt. #, etc.

3. Mailing Office Address

8917 Apalachee Pkwy
Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip Country
32311 US

City & State

Tallahassee, FL

Zip Country
32311 Leon

CR2B081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FET Number

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
Gordon L. Lightfoot

Street Address (P.O. Box Number is Not Acceptable)
8917 Apalachee Parkway
Suite, Apt. #, Etc.

City State Zip Code
Tallahassee FL 32311

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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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-14-2016

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	Gordon L. Lightfoot	8917 Apalachee Parkway	Tallahassee, FL 32311

10. E-mail Address: gulfcoastprinting@yahoo.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature] Gordon Lightfoot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-14-2016

Daytime Phone #