

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 11 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P04000122495			
1. Entity Name GULF COAST WATER, INC.			
Principal Place of Business 500 NE SPANISH RIVER BLVD., #28A BOCA RATON, FL 33431		Mailing Address 500 NE SPANISH RIVER BLVD., #28A BOCA RATON, FL 33431	
2. Principal Place of Business 1520 N. Tamiami Trail		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State N. Ft. Myers, FL		City & State	
Zip 33903	Country Lee	Zip	Country
4. FEI Number 51-0531376		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARROW, GORDON 500 NE SPANISH RIVER BLVD., #28A BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name: Gordon Harrow Street Address (P.O. Box Number is Not Acceptable) 1520 N. Tamiami Trail City: N. Ft. Myers FL Zip Code: 33903	
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:		DATE: _____	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARROW, GORDON 500 NE SPANISH RIVER BLVD., #28A BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gordon Harrow 1520 N. Tamiami Trail N. Ft. Myers, FL 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700060485587 10/11/05--01051--013 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date: 10 Oct 2005 239 995 3076	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

10/11/05