

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
10 MAY 20 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 04000122929

1. Corporation Name

Gulf Coast Realty Network, Inc

wt-22169

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

2323 DEL PRADO BLVD

Suite, Apt. #, etc.

SUITE B

City & State

CAPE CORAL, FL

Zip

33990

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

8/25/04

5. FEI Number

34-2014985

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.76 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Cathy L. Carr

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

101 SW 54th Terr

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33914

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

Cathy L. Carr  
REGISTERED AGENT MUST SIGN

Date

4/29/10

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
PRES	Cathy L. Carr	101 SW 54 TER	CAPE CORAL, FL 33914
SEC TREAS	BRENDA J. COMBS	5227 SW 27 PL	CAPE CORAL, FL 33914

10. E-mail Address: bjca1@EARTHLINK.NET

(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:

Cathy L. Carr  
Cathy L. Carr

Date

239-573-7355

Daytime Phone #