

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000125199

1. Entity Name
GULF COAST WINDOWS INC.



Principal Place of Business
10103 SAILWINDS BLVD NORTH APT 103
LARGO, FL 33773

Mailing Address
10103 SAILWINDS BLVD NORTH APT 103
LARGO, FL 33773

FILED
06 APR -5 PM 3:05



2. Principal Place of Business
232 Keating Drive
Suite, Apt. #, etc.

3. Mailing Address
232 Keating Drive
Suite, Apt. #, etc.

03072006 REIN-P CR2E098 (11/05)

City & State
Largo, FL
Zip 33770 Country US

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Largo, FL
Zip 33770 Country US

4. FEI Number
05-0608137
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent
Name Robert Tinsley
Street Address (P.O. Box Number is Not Acceptable)
232 Keating Drive
City Largo FL Zip Code 33770

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 Robert Tinsley
(NOTE: Registered Agent signature required when reinstating)

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	PSTD <input type="checkbox"/> Delete
NAME	TINSLEY, ROBERT
STREET ADDRESS	10103 SAILWINDS BLVD NORTH APT 103
CITY - ST - ZIP	LARGO, FL 33773
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700069974837
CITY - ST - ZIP	04/10/06--01087--020 **300.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: Robert Tinsley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #