2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000031006

1. Entity Name
GULF COAST EQUIPMENT & CONTROLS, INC

FILED
09 AUG 31 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
300 N TARRAGONA STREET PENSACOLA, FL 32501	300 N TARRAGONA STREET PENSACOLA, FL 32501

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
51 Star Lake		51 Star Lake	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Pensacola, FL		City & State: Pensacola, FL	
Zip: 32507	Country: USA	Zip: 32507	Country: USA

08122009 REIN-P CR2E098 (1/07) 08-09

4. FEI Number 20-2472571 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARROLL, DAVID B
300 N TARRAGUNA ST
PENSACOLA, FL 32501

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 [signature] 8/27/09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARROLL, DAVID B 300 N TARRAGONA PENSACOLA, FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 51 Star Lake Pensacola, FL 32507
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MANN, ROBERT C 300 N TARRAGONA ST PENSACOLA, FL 32501	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000160139630 08/31/09--01073--007 **617.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9/1	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: [signature] 8/27/09 850-712-8459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #