

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000122789

1. Entity Name
GULF COAST PRESSURE WASHING, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -2 AM 9:56

Principal Place of Business 306 SEAGULL LN DESTIN, FL 32541-1925	Mailing Address 306 SEAGULL LN DESTIN, FL 32541-1925
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REINSTATEMENT 06



2. Principal Place of Business 306 Seagull Ln Suite, Apt. #, etc.	3. Mailing Address 306 Seagull Ln Suite, Apt. #, etc.
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10052006 REIN-P CR2E098 (11/05)

City & State Destin, FL	City & State Destin, FL
Zip 32541	Country USA
Zip 32541	Country USA

4. FEI Number P05000122789	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent TULLY, MIKE 306 SEAGULL LN DESTIN, FL 32541-1925	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, 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 PD	TULLY, MIKE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TULLY, MIKE	NAME	300081472633
STREET ADDRESS	306 SEAGULL LN	STREET ADDRESS	11/02/06--01033--008 **158.75
CITY-ST-ZIP	DESTIN, FL 325411925	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Mike Tully Date: **Oct 3rd 04** 850 855-7209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone: **855-7209**