



2008 FOR PROFIT CORPORATION REINSTATEMENT

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|--|--|---|--|--|--|--|--|
| DOCUMENT # P07000001321 1. Entity Name GULFCOAST WHOLESALE RADIATORS INC. | | | |  | | FILED 08 OCT 22 PM 3:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 13902 MARGO AVE HUDSON, FL 34667 | | | | Mailing Address 13902 MARGO AVE HUDSON, FL 34667 | | | |
| 2. Principal Place of Business - No P.O. Box # 8256 Kristel Cir Suite, Apt. #, etc. | | 3. Mailing Address 8256 Kristel Circle Suite, Apt. #, etc. | |  | | | |
| City & State Port Richey FL | | City & State Port Richey FL | | 4. FEI Number 208190760 | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| Zip 34668 | | Country USA | | Zip 34668 | | Country USA | |
| 6. Name and Address of Current Registered Agent PUKA, ALLISON 13902 MARGO AVE HUDSON, FL 34667 | | | | 7. Name and Address of New-Registered Agent not new! Name Allison Puka Street Address (P.O. Box Number is Not Acceptable) 8256 Kristel Circle City Port Richey FL Zip Code 34668 | | | |
| 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 <u><i>Allison Puka</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE <u>10-17-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2009, 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 | <input type="checkbox"/> Delete D PUKA ALLISON Puka Allison 13902 MARGO AVE HUDSON, FL 34667 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300137165733 10/22/08--01024--004 **150.00 | | |
| 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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| 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: <u><i>Allison Puka</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | DATE <u>10-17-08</u> 727 992-5558 <small>Date Daytime Phone #</small> | | | |