2008 FOR PROFIT CORPORATION REINSTATEMENT

				–
DOCU	MENT # P070000013	321		
1. Entity Name				∬ FILED
GULFCO.	AST WHOLESALE RADIATO	ORS INC.		
				08 OCT 22 PH 3: 36
Principal Plac	e of Business	Mailing Address		OF ODETAIN AND AND TATE
13902 MAR(13902 MARGO AVE		SEUNETARI OF STATE
HUDSON, FL	34667	HUDSON, FL 34667		TALLANASSEE, FLORIDA
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	lace of Business - No P.O. Box #	3. Mailing Address		
872	6 Kristel Cir	3920 KAI	stel cincle	
Suite, Apt.	#, etc.	Suite, Apr. #, etc.		10172008 REINER 1017 (082E098 14/07)
City & Stat	е	City & State		4. FEI Number Applied For
Bort	- RICHEY FL	Port Di	CLENFL	
Zip Li	, ~			5. Certificate of Status Desired
<u> </u>	6. Name and Address of Current R		<u> </u>	7. Name and Address of New Registered Agent No L
			Name A ()	
PUKA, ALI 13902 MA			Street Address	s (P.O. Box Number is Not Acceptable)
HUDSON,			&-3-3-	SG Kristel Circle
			50	124668 III W3HO 1700 421
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or regist	tered agent, or both, in the State of Electa. I am familiar with, and accept
the obligat	ions of registered agent.			7
SIGNATURE.	<u> </u>	Contract Con	Poulstand Appel almost up mo	DATE
	Signature, types ur ricted hame of registered agent an	Address of Current Registered Agent Size Agent and Control Size Address Si		
FIL	E NOW!!! FEE IS \$150.00			
After Jai	uary 1, 2009, Fee will be \$300.00)		corporation did not receive the prior notice.
10.	OFFICERS AND D	DIRECTORS	11.	······································
TITLE	D A		# 1	Change
NAME STREET ADDRESS	PUK ALLISON PUK F 13902 MARGO AVE	4 14111201	Ni I	10/22/0801024004 **i5n.nn
CITY-ST-ZIP	HUDSON, FL 34667			
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the co	d on this report or supplemental report is reportation or the receiver or trustee emport, or on an attrachment with an address, w	Delete This filling does not qualify for true and accurate and that merced to execute this report a	STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP The exemptions contain a signature shall have the stequired by Chapter 6	Change Additions to the Chapter 119, Florida Statutes. I further certify that the information are same least effect as if made under oath; that I am an officer or directors.