

2008 FOR PROFIT CORPORATION REINSTATEMENT


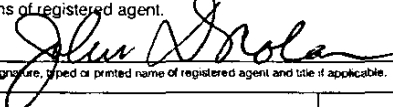

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2008 OCT 10 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10072008 REIN-P CR2E098 (1/07)

DOCUMENT # P07000075864					
1. Entity Name GULF INSURANCE AGENCY INC.					
Principal Place of Business 2788 ROYAL PALM DRIVE NORTH PORT, FL 34288			Mailing Address 2788 ROYAL PALM DRIVE NORTH PORT, FL 34288		
2. Principal Place of Business - No P.O. Box # 1238 FISHTAIL PALM CT			3. Mailing Address		
Suite, Apt. #, etc. NORTH PORT, FL			Suite, Apt. #, etc.		
City & State			City & State		
Zip 34288		Country FLORIDA		4. FEI Number 26-0447435	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NOLAN, JOHN D 2788 ROYAL PALM DRIVE NORTH PORT, FL 34288			Name NOLAN, JOHN D. Street Address (P.O. Box Number is Not Acceptable) 1238 FISHTAIL PALM CT. City NORTH PORT FL Zip Code 34288		
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 			DATE 10/06/08		
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	PD NOLAN, JOHN D 2788 ROYAL PALM DRIVE NORTH PORT, FL 34288 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1238 FISHTAIL PALM CT. NORTH PORT, FL 34288 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD NOLAN, MARY A 2788 ROYAL PALM DRIVE NORTH PORT, FL 34288 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1238 FISHTAIL PALM CT. NORTH PORT, FL 34288 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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		
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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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		
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.			<p>000136821090 10/10/08--01042--009 **150.00</p> <p>REINSTATEMENT 2008</p>		
SIGNATURE: 			Date: 10/06/08 Daytime Phone #: 941-426-2993		