

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P93000004563

DOCUMENT # P93000004563

1. Corporation Name

GULF ISLAND RESORT, INC.

Principal Place of Business

Mailing Address

6040 Sea Ranch Drive
Hudson, FL 33567

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

1/20/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3167770

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2	3	4
VP Dir	Alex Bistricher	6040 Sea Ranch Drive	Hudson, FL 33567
VP Dir	Robert Fireworker	6040 Sea Ranch Drive	Hudson, FL 33567
VP Dir	Eisi Markovitz	6040 Sea Ranch Drive	Hudson, FL 33567

REINSTATEMENT

96-97

FF \$915.00
8.75 - OVS
Q11-6

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Louis D. Zaretsky, Esq.
Street Address (P.O. Box Number is Not Acceptable)

555 NE 15th Street; Suite 100
Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33132

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/6/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EISI MARKOVITZ

Date

10-6-97

Daytime Phone #

305/865-2001

CR2E040 (12/96)