

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL 20 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P930000004563**

1. Corporation Name

GULF ISLAND RESORT INC.

[Handwritten signature]

2. Principal Office Address

1602 ALTON RD.

Suite, Apt. #, etc.

515

City & State

MIAMI BEACH

Zip

33139

Country

DADE

3. Mailing Office Address

1602 ALTON RD.

Suite, Apt. #, etc.

515

City & State

MIAMI BEACH

Zip

33139

Country

DADE

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

1994

5. FEI Number

59-3167770

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EISI MARKOVITZ

000003349560-7

-08/08/00--01073--015

Street Address (P.O. Box Number is Not Acceptable)

1602 ALTON RD

*****300.00 ***300.00**

Suite, Apt. #, Etc.

515

City

MIAMI BEACH

State
FL

Zip Code

33139

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Handwritten signature]

REGISTERED AGENT MUST SIGN

Date **JUNE 28th 2000**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S	EISI MARKOVITZ	1602 ALTON RD #515	MIAMI BEACH FL 33139

10. 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:

[Handwritten signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 28th 2000

Date

305-3692288

Daytime Phone #

CR2E081 (3/99)