

1 of 3

FILE No. 407 04/07 '06 14:05 ID: CSC TALLAHASSEE

FAX: 850 558 1515

04/05/2006 16:14 8

APR. 5. 2006 3:19PM CORP SERVICE COMP

NO. 2855 P. 3 PAGE 04

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000004563			
1. Corporation Name GULF ISLAND RESORT, INC.			
2. Principal Office Address 6040 SEA RANCH DRIVE City & State HUDSON, FLORIDA Zip 34667 Country USA		3. Mailing Office Address 6040 SEA RANCH DRIVE City & State HUDSON, FLORIDA Zip 34667 Country USA	
4. Date incorporated or Qualified To Do Business in Florida 1993		5. FEI Number 59-3167770	
6. CERTIFICATE OF STATUS DESIRED ☐		7. Name and Address of Current Registered Agent Name MAURICE J. BAUMGARTEN, ESQ. Street Address (P.O. Box Number is Not Acceptable) 100 S. E. 2ND STREET City MIAMI State FL Zip Code 33131	
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:  Date: 4/6/06 REGISTERED AGENT MUST SIGN			
9. Name 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
V, D	ALEX BISRTICER	6040 SEA RANCH DRIVE	HUDSON, FL. 34667
V, D	ROBERT FIREWORKER	6040 SEA RANCH DRIVE	HUDSON, FL. 34667
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)(f), 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: 		Date: 4. 4. 2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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FILE No. 407 04/07 '06 14:05 ID: CSC TALLAHASSEE

FAX: 850 558 1515

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04/04/2006 TUE 14:11 FAX 710 438 0177

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Gulf Island Resort, Inc.

C/o Anania, Bandklayder, Blackwell, Baumgarten, Torricella & Stein
100 Southeast Second Street, Suite 4300, Miami, Florida 33131-2150

April 4, 2006

Division of Corporations
Attn: Corporation Section
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Reinstatement for Gulf Island Resort Inc.

To Whom It May Concern:

Please be advised that the Annual Reports for the above captioned entity were not filed for 2003, 2004 and 2005 due to the fact that forms were mistakenly mailed to an incorrect address, therefore, we never received them. In light of this fact, we respectfully request that you remove the penalties due to these accounts so that we can pay the appropriate fees and reinstate this entity.

Thank you for your attention to this matter.

Sincerely,

Gulf Island Resort, Inc.

By: Alex Bistricev
Alex Bistricev

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Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

GULF ISLAND RESORT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,050.00

\$ 450.00