

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 APR 21 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000074908

1. Corporation Name

GULF COAST MAINTENANCE & REMODELING  
INC.

2. Principal Office Address

16681-McGregor Blvd. -

Suite, Apt. #, etc.

SUITE 201

City & State

FT. MYERS, FLORIDA

Zip

33908

Country

LEE U.S.A.

3. Mailing Office Address

2875-Palm Beach Blvd. -

Suite, Apt. #, etc.

605 C

City & State

FT. MYERS, FLORIDA

Zip

33916

Country

LEE U.S.A.

**REINSTATEMENT** 910-150

4. Date Incorporated or Qualified  
To Do Business in Florida

OCT 22, 1993

5. FEI Number

650460138

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

JOHN JAY WATKINS (WATKINS AND RAMUNNI P.A.)

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

2222 2<sup>ND</sup> ST

Suite, Apt. #, Etc.

none

City

FT. MYERS

State

FL

Zip Code

33901

600003230476-2

05/01/00-01014-021

\*\*\*1350.00 \*\*\*1350.00

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

REGISTERED AGENT MUST SIGN

Date 4-18-2000

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
<u>Pres.</u>	<u>Forrest Gordon Davenport</u>	<u>2875 Palm Bch. Blvd 605C</u>	<u>FT. MYERS, FL 33916</u>
<u>Dr.</u>	<u>MARIO P. FAIELLA JR.</u>	<u>2828 JACKSON ST. #H3</u>	<u>FT. MYERS, FL 33901</u>
<u>Dr.</u>	<u>ANDREW HARLEY NERENBERG</u>	<u>1440 S.E. 35<sup>TH</sup> ST</u>	<u>CAPE CORAL, FL 33904</u>

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.

FORREST GORDON DAVENPORT - PRESIDENT

SIGNATURE:

Forrest Gordon Davenport  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 APRIL 2000 334-0869  
Date Daytime Phone #

**KE**

CR2001 (9/99)