

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 12 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000074908

1. Corporation Name

Gulfcoast Maintenance &
Remodeling, Inc.

2. Principal Office Address

925 NE 15th St

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 62321

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Ft Myers, FL

Zip

33909

Country

Lee

Zip

33906

Country

Lee

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/93

5. FEI Number

65-0460138

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

Mario P. Faiella, Jr.

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

925 NE 15th St.

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33909

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

Mario P. Faiella Jr.

REGISTERED AGENT MUST SIGN

Date

11/7/2003

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	FORREST GORDON DAVENPORT	1729 2nd Ave. N	ST. PETERSBURG FL 33716
D	MARIO P. FAIELLA, JR.	925 NE 15th St.	CAPE CORAL FL 33909

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:

Mario P. Faiella Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/2003

Date

(239)

878 1473

Daytime Phone #

CR2E081 (10/02)