

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P93000075260

1. Corporation Name

THE GULF COMPANY FOR INVESTMENT, INC.

Principal Place of Business

Mailing Address

1630 GULF TO BAY BLVD
CLEARWATER FL 33755
US

1630 GULF TO BAY
CLEARWATER FL 33755
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/1993

5. FEI Number

59-3226020

Applied For

Not Applicable

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	City / State / Zip
1	2	3	4
PVST	BASSIOUNI-SHEHATA, ADEL	1009 PIPERS MEADOWS DRIVE 1630 GULF TO BAY BLVD.	PALM HARBOR FL CLEARWATER, FL 33755
S	SUHWEIL, FAYEZ	1038 SWAN LN	PALM HARBOR FL (DELETE)
S	BASSIOUNI, HEBA	1630 GULF TO BAY BLVD.	CCLEARWATER, FL 33755

8. Name and Address of Current Registered Agent

RICHARD MANEY & ASSOCIATES P.A.
101 EAST KENNEDY BOULEVARD
SUITE 3170
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

RICHARD MANEY / MANEY + GORDON, P.A.

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

SAME AS IN #8

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/13/00

11. 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
Heba Bassiouni

Date

10/13/00

Daytime Phone #

(813) 221-1366

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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