

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUL 30 PM 6:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000011916

1. Corporation Name

GULF SHORE HOMES DEVELOPMENT, INC.

2. Principal Office Address

23815 Addison Place Ct.

Suite, Apt. #, etc.

City & State

Bonita Springs FL

Zip

34134

Country

USA

3. Mailing Office Address

23815 Addison Place Ct.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/8/1997

5. FEI Number

65-0777520

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

Naples Lawdock, Inc.

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

4501 Tamiami Trail North

Suite, Apt. #, Etc.

Suite 300

City

Naples

State

FL

Zip Code

34103

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

Leo J. Salvatori, VP

Date

June 6, 2001

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	Steven M. Watt	23815 Addison Place Ct.	Bonita Springs FL 34134
VPST	Steven M. Charles	23815 Addison Place Ct.	Bonita Springs FL 34134

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)(l), 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
Steven M. Watt, Vice President

June , 2001

Date

941-947-2929

Daytime Phone #

CR2E081 (9/00)