RLEASÉ READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. \_EILED\_ FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State 03 JUL 25 AHH: 14 DIVISION OF CORPORATIONS 4030000 HILLE SECRETARY OF STATES
JALLAHASSEE, FLORIDA DOCUMENT # P940000/3478 1. Corporation Name GULF DATA SERVICES OF MANATER COUNTY, INC 245 MIMOSA CIRCLE SARASOFA FLORIDA 34231 2. Principal Office Address 3. Mailing Office Address 245 Mimosa CIRCLE 245 Mimosa Circle 4. Date Incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number. 650475574 SARASOSA FLORIDA SHEASOLA LORIDA Not Applicable Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Name and Address of Current Registered Agent STEVE GEDEN 30001880159: <del>05/12/03 -01032--005 \*\*</del>[50.00 Street Address (P.O. Box Number is Not Acceptable)
345 MIMOSA CIECLE Suite, Apt. #, Etc. State Zip Code SARASOTA FL 3423 > 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. کر Signature of Date 4-12-03 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Vees STEVE GEDEN 245 MIMOSA CIRCLE SAFASOVA FLORIDA 34232 00 3**00018801593** 06/1**0**/03--01046--007 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. 4-12-03 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #



## GULF DATA SERVICES, INC. 245 Mimosa Circle Sarasota, Florida 34232

July 14, 2003

Mr. Justin M. Shivers
Document Specialist
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

SUBJECT: GULF DATA SERVICE OF MANATEE COUNTY, INC.

Ref. Number: P92000013478

Dear Mr. Shivers:

I apologize for sending the original of the Uniform Business Report. I thought I had but must have just gathered up the copies instead.

Attached you will find the original with original signature.

Thank you for your consideration in the important matter.

Gulf Data Services of Manatee County, Inc.

Steve Geden President

Enc: Original of UBR, copy of July 7, 2003 letter