PI FASE READ	ALL INSTRUCTIONS BEFORE C	COMPLETING THIS FORM
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Morthair Secretary of State DIVISION OF CORPORATIONS	FILED
DOCUMENT # P9400(1. Corporation Name GULF BUM, INC.	0015541	98 FEB 19 PM 12: 51 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Plaçe of Business 2735 W GRACE STREET BUTTE 500 TAMPA FL 33807	Mailing Address	
If above addresses are incorrect in any way, line thrown 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	Sulte, Apt. #, etc. City & State Zip Country	A. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 59-3237468 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/ Tittle(s) PST ESTES, JEVON K	or Director (Florida nonprofit corporations must stat lea Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N 3725 W GRAGE STREET, SUITE 5	lumbers) 4 City / State / Zip
		700024396775 -02/24/9801100007 ****923.75 ****923.75
8. Name and Address of Current F	legistered Agent	Name and Address of New Registered Agent
ESTES, JEVON K -S725 W GRACE STREET -SUITE 500 TAMPA FL 60607	Name.	O Box Number is Not Acceptable) 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1

12. 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.

Yes

No 🗹

SIGNATURE:

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

REGISTERED AGENT MUST SIGN

(See other side for Information on Intangible tax.)