

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -1 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

PA0000030704

1. Corporation Name

GULF SHORE DISTRIBUTORS, INC.

2. Principal Office Address

8955 WAKE FERN DR #7

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE #7

Suite, Apt. #, etc.

SAME

City & State

BONITA SPRINGS, FL

City & State

SAME

Zip

34135

Country

LEE

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0488942

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

RAYMOND W. GOULET JR

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

228 FOXGLEN DR #3102

900008755509

11/01/02--01037--010 **15.00

Suite, Apt. #, Etc.

#3102

City

NAPLES

State

FL

Zip Code

34104

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

Raymond W. Goulet Jr

REGISTERED AGENT MUST SIGN

Date 28 OCT 02

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	RAYMOND W. GOULET JR	228 FOXGLEN DR #3102	NAPLES, FL 34104
S	RAYMOND W. GOULET JR	SAME	SAME
T	RAYMOND W. GOULET JR	SAME	SAME

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:

Raymond W. Goulet Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 OCT 02

Date

239-948-8895

Daytime Phone #

CR2E081 (8/01)

FLORIDA DEPARTMENT OF STATE
JIM SMITH
SECRETARY OF STATE
DIVISION OF CORPORATIONS

TO WHOM IT MAY CONCERN,

PLEASE BE ADVISED THAT DUE TO AN ADDRESS CHANGE OF OUR OFFICES,
WE DID NOT RECEIVE A RENEWAL. WE HAVE INCLUDED A CHEQUE IN THE
AMOUNT OF \$150.00 TO COVER FILING FEES.

IF YOU HAVE ANY QUESTIONS OR NEED FURTHER INFORMATION, PLEASE
FEEL FREE TO CONTACT ME AT ANYTIME.

THANK YOU.

A handwritten signature in black ink, appearing to read "Raymond W. Goulet Jr.", is positioned above the typed name.

RAYMOND W. GOULET JR.
PRESIDENT
GULFSHORE DISTRIBUTORS, INC.
8955 WAKE FERN DR. SUITE 7
BONITA SPRINGS, FL 34105
TEL 239-948-8898 FX 2390948-8825