

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 22 AM 11:41

DOCUMENT # P95000025290

1. Corporation Name

Gulf Sands Contracting Inc.

2. Principal Office Address

4994 19th Pl SW

Suite, Apt. #, etc.

N/A

City & State

Naples

Zip

34116

Country

Collier

3. Mailing Office Address

Same

Suite, Apt. #, etc.

N/A

City & State

FL

Zip

FL

Country

USA

REINSTATEMENT 98-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/01/96

5. FEI Number

204-65-0580064

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

Richard E. Baken

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

4994 19th Pl SW

Suite, Apt. #, Etc.

Naples

City

Florida

State

FL

Zip Code

34116

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

[Signature]

Date 05/01/01

REGISTERED AGENT MUST SIGN

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
Pres	Richard E. Baken	4994 19th Pl SW president	Naples Florida, 34116
VP	Steve Whitney	1781 48th St SW	" " "
Sec & Treas.	Bruce W. Baken	2032 50th St SW	" " "

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/01/96

CR2E081 (9/00)