

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 23 PM 2:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 965000048097

1. Corporation Name

GULFSIDE BUILDERS INC.

Principal Place of Business

Mailing Address

REINSTATEMENT 9600

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

154 WHITAKER RD

Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

City & State

LUTZ FL.

City & State

Zip

33549

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES	WILLIAM LOPRESTI	154 WHITAKER RD	LUTZ FL. 33549
VP.	JOHN M. BAILEY	154 WHITAKER RD	LUTZ FL. 33549

600002038376--0
-12/26/96--01035--004
****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

JOHN M BAILEY

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

154 WHITAKER RD

Suite, Apt. #, Etc.

City

LUTZ

State

Zip Code

FL

33549

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

John M Bailey

REGISTERED AGENT MUST SIGN

Date 12-22-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re-
lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all
fees owed by the corporation have been paid. 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:

John M Bailey VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-22-96

Daytime Phone #

CR2E040 (12/95)