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95 JUN 16 AM 9:11

FILED

26719 Lost Woods Cir.
Bonita Springs FL
33923

OFFICE USE ONLY

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****122.50 ****122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Guifside Builders, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

525

Articles of Incorporation
of

Gulfside Builders, Inc.

Article One

The name of the corporation is Gulfside Builders, Inc.

Article Two

The period of it's duration is perpetual.

Article Three

The purpose for which the corporation is organized is for the ownership and operation for profit of any and all lawful business for which corporations may be incorporated under the Florida Corporation Act.

Article Four

The aggregate number of shares which the corporation shall have the authority to issue is One Thousand shares (1000) of the par value of Five Dollars (5.00) each.

Article Five

The corporation reserves the right to issue preferred stock at a future date.

Article Six

The corporation shall not commence business until it has recieved for the issuance of shares consideration of value of Five Thousand Dollars (\$5,000.00) consisting of money, labor done or property actually received.

Article Seven

The street address of it's initial registered office is 26719 Lost Woods Circle, Bonita Springs, FL 33923. The initial registered agent of the corporation is Janice L. Horn.

Article Eight

The number of Directors constitiuting the initial board of directors are one, and the name and address of the person who is to serve as director until the first annual meeting of shareholders, or until their successors are elected and qualified are:

Janice L. Horn, 26719 Lost Woods Circle,
Bonita Springs, FL 33923

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Article Nine

The board of directors is empowered to make, alter or repeal the bylaws of the corporation without restriction of their power conferred by statute.

Article Ten
Incorporator

Janice L. Horn, 26719 Lost Woods Circle,
Bonita Springs, FL 33923

Janice L. Horn

Article Eleven

The powers of the incorporators cease upon filing of the Articles of Incorporation.

"I am hereby familiar with and accept the duties and responsibilities as registered agent for said corporation."

Janice L. Horn

Janice L. Horn

The principal office of the corporation is 26719 Lost Circle, Bonita Springs, FL 33923

State of Florida

County of Lee

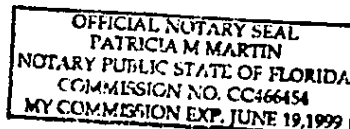
Before me the undersigned authority authorized to take acknowledgements and administer oaths, personally appeared Janice L. Horn, who after first being duly sworn by me does hereby state that she has executed the foregoing instrument freely and voluntarily.

SWORN TO AND SUBSCRIBED before me this 12th day of June, 1995.

NOTARY PUBLIC

My commission expires:

Patricia M. Martin
Patricia M. Martin



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 095000048097
1 Corporation Name
GULFSIDE BUILDERS INC.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect return, then enter correction below

2 New Principal Office Address, if Applicable
154 WHITAKER RD
Suite, Apt #, etc

3 New Mailing Address, if Applicable
Suite, Apt #, etc

City & State
LUTZ FL

City & State

Zip
33549

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
4 Date Incorporated or Qualified
To Do Business in Florida

5 FEI Number

APPLIED FOR

Applied For
Not Applicable

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)

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

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***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
FL
Zip Code
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

[Signature]

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 release 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 627 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:

[Signature] VP JOHN M BAILEY VP 12-22-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR0204 (1/2/95)