

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096287

1. Corporation Name

Gulf Communication Contractors, Inc

2. Principal Office Address - No P.O. Box #

3590 US Highway 331 South

3. Mailing Office Address

3590 US Highway 331 South

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

DeFuniak Springs, FL

City & State

DeFuniak Springs, FL

Zip

32435

Country

USA

Zip

32435

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1996

5. FEI Number

59-3352274

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Campbell, Bob

Street Address (P.O. Box Number is Not Acceptable)
3590 US Highway 331 South

Suite, Apt. #, Etc.
Suite #101

City
DeFuniak Springs

State
FL

Zip Code
32435

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Bob Campbell

REGISTERED AGENT MUST SIGN

Date **10-24-07**

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
V	Campbell, Bob	3590 US Highway 331 South	DeFuniak Springs, FL 32435
P	Campbell, Janet	3590 US Highway 331 South	DeFuniak Springs, FL 32435
	<i>B 10/26</i>		

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 contained in Chapter 119, 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:

Bob Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-24-07

Daytime Phone #