

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 13 PH 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000054355

1. Corporation Name

Mincey Gulf Properties, Inc.
310 Bishop Blvd.
Perry, FL 32347

REINSTATEMENT 02-03

900024641489
11/13/03--01054--005 **900.00

2. Principal Office Address

310 Bishop Blvd

Suite, Apt. #, etc.

City & State

Perry, FL

Zip

32347

Country

Taylor

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Country

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

1996

5. FEI Number

59-3389125

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

Jimmy Mincey, SR.

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

310 Bishop Blvd

Suite, Apt. #, Etc.

City

Perry

State

FL

Zip Code

32347

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

Jimmy Mincey SR
REGISTERED AGENT MUST SIGN

Date Nov. 6, 03

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
President	Jimmy Mincey, SR.	310 Bishop Blvd	Perry, FL 32347
V-PRE.	Nancy Mincey	310 Bishop Blvd	Perry, FL 32347

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:

Jimmy Mincey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 6, 03

Date

Daytime Phone #

CR2E081 (10/02)