PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

DOCUMENT #	P96000056478
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FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS											
DOCUMENT # P96000056478 1. Corporation Name					99 DEC 27 AM 11: 06						
GULF	COAST	DECK & FENC	CE, INC.			ļ		SI TAL	EGRETARY LAHASSE	#F STATE E. FLORIDA	
Principal Place of Business Mailing Addre			988								
nàples fl	36940	'	NAPLES FL 35								
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable 1+31 Railhead Blud.		3. New Mailin	3. New Mailing Office Address, If Applicable		below.	Date Incorporated or Qualified To Do Business in Florida 07/03/1996					
Suite, Apt. #, etc.		#2				5. FEI Number		7	Applied For		
City & State Naples FL.		NAPLE	NAPLES FL			65-0681386 Not A			Not Applicable		
341		Country USA	^{Zi} 34//0		Country USA		CERTIFICATI	OF STATUS DESIRE		* initeine#= ===================================	
	and Street Ad	dresses of Each Officer a Name of Officers	nd/or Director (Flor	ida nonprofii	Street Addres Officer and/o	s of Each	1		City / State / Zi	 in	
Title(s)	2				NOT Use Post Of		ox Numbers) 4			<u> </u>	
D	RUFF, PAT	RUFF, PATRICK J			Railhead	Blw.	# 2	NAPLES FL 9.	<u> </u>		
D FRY, JAMES J				47 1431 Railhead Blud. #2			. = 2	NAPLES FL			
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	·						80	8000030879680 -01/04/0001081018			
							***1058.75 ***1058.75				
				INS	TATEM	EN	9	99:	TS		
	8. Nam	ne and Address of Curre					9. Name and	Address of New Re	egistered Agent	<u></u>	
RUFF, PATRICK J 4760 TAMIAMI-TRAIL N-CUITE 0- 1431 Railhead Bind #2			Name	·N	1A		- 14	~ ~ ~ · ~ .			
			Street /	Address (P.O. Box Number	is Not Acceptable)					
	ES FL 3 004 0					Apt. #, Etc	<u> </u>				
					City		,		State Zip	Code	
10. I, beir Signature Registere	of _	te registers and of the	above named Orpo	pration, am fa	QUIR	cept the c	bligations of Sect	Date	22.99		
		oration owes or		e curre	nt year	es V	/ _{No} \sqcap	(Se	ee other side for i on intangible		
} (C	nangibie	Personal Prop	city tax due	JULIE	, _U , 15	لكلا	140				

12. 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 filling 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12:22:99

Date

941.513.2300

Daytime Phone #