PLEASE READ ALL INS	TRUCTIONS B	FFORE C	OMPLETI	NG THIS FO	·RM.	
	DA DEPARTMENT Katherine Harri	OF STATE			FILED	•
DEINICTATEMENT	Secretary of Sta			00 JA	431 PM 3:3	34
DOCUMENT # P96 000 10 17 6 0  1. Corporation Name			SECZETARY OF STATE VALLAMASSEE, FLORIDA			
Gulfgate Ventuves II Principal Place of Business Mailing Ad aloab - 3 E-Tamiami TVA	dress InC.					
2626-3 E- Ami Ami 1/4	<b>3</b> 1					
NATO Les, FL 34112  If above addresses are incorrect in any way, line through incorrect	information and enter corr	rection below.	REIN	STATEN	IENTOS	3-12
	alling Office Address, If App 9 ATE Venture	olicable		rated or Qualified ess in Florida	112 94	الناب - ب <b>ستاب النا</b>
Suite, Apt. #, etc.  Suite, Apt. 2(2)  City & State.  City & State.	#. etc. E. TAMIN	m. Tr	5. FEI Number	342 194	G Appl	lied For Applicable
Zip Country Zip 3 4	12 Country		6. CERTIFICATE	OF STATUS DESIRED	\$875 Additional F for@Cartificate	
7. Names and Street Addresses of Each Officer and/or Director (F	<del></del>	ns must list at least Address of Each	t 3 directors)			
Title(s) and/or Directors	Officer	r and/or Director Post Office Box Nu	imbers)	4	City / State / Zip	
PRES Robert A. Bliven	2626-3 8	Tamin	mi Tr	Naples,	FL 34)	12
VRzes Joseph P. Candito	2626-3 E	TAMIAN	ni TR	Naples	FL 3411-	2
			10	000312 02/09/00 ***1058.	29 <b>751</b> — 01077—01 75 ***1058	ー <b>ィ</b> 0 .75
Name and Address of Current Registered A			9. Name and A	ddress of New Regis	tered Agent	
- Guilante Venturer II	INC	Name Jos	eph F	? CAndit	o Tr	- <del></del>
- Configate Ventures II 3301 Davis BlvD Snite 205	5	2626 Suite, Apt. #, Etc.	-3 2	TAMIAM	TR	
Naples, FL 33942		Situ A	185		State Zip Code	<b>)</b>
10. I, being appointed the registered agent of the above named considered agent of Registered Agent	poration, am tamiliar with a	and accept the obli	gations of Section	Date	1/00	
11. This corporation owes the current Intangible Personal Property Tax of		Yes [	J N√		ther side for information intangible tax.)	" KE
12. I certify that I am an officer or director or the receiver or trustee this reinstatement application, the reason for dissolution has be owed by the corporation have been paid and the names of indicon this application is true and accurate, and my signature shall SIGNATURE:	en eliminated, the corporate iduals listed on this form d	e name satisfies the not qualify for ar as if plade under o	ne requirements n exemption und	of section 607.0401 o er section 119.07(3)(i	r 617.0401, F.S., that a	all fees
ORGNATURE AND TYPED OR PRINTED NAME O	SIGNING OFFICER OF DIRE			Date	(941) 417	- 8515