

DEC-15-2003 MON 04:05 PM

FAX NO.

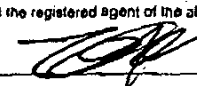
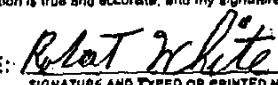
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000078070			
1. Corporation Name GULFPORT PLAZA, INC.			
2. Principal Office Address 5281 KARLSBURG PLACE Suite, Apt. #, etc. NA		3. Mailing Office Address 5281 KARLSBURG PLACE Suite, Apt. #, etc. NA	
City & State PALM HARBOR, FL		City & State PALM HARBOR, FL	
Zip 34685	Country PINELLAS	Zip 34685	Country PINELLAS
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 593467774	
6. CERTIFICATE OF STATUS DESIRED ☒		Applying For ☐ Not Applicable	
7. Name and Address of Current Registered Agent			
Name KENNETH ARSENAULT JR.			
Street Address (P.O. Box Number is Not Acceptable) 10225 ULMERTON ROAD			
Suite, Apt. #, Etc. SUITE 100 SUITE 2			
City LARBO		State FL	Zip Code 33771
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 		Date 12-22-03	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V.P.	ESHAM MALKAN	111 E. JERICHO TURNPIKE	MINEROLA, N.Y. 11501
PRES.	ROBERT WHITE	5281 KARLSBURG PLACE	PALM HARBOR, FL 34685
SECRET.	CHEYL WHITE	5281 KARLSBURG PLACE	PALM HARBOR, FL 34685
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: 		FADI SABA, DIRECTOR 12/16/03 813-960-0335	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2561 (10/02)