

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -7 AM 8:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # - 997-93155

**1. Corporation Name**

Gulf Trading & Holding Corporation  
623 E. Tarpon Avenue  
Tarpon Springs, Florida 34689

**2. Principal Office Address**

623 E. Tarpon Avenue

Suite, Apt. #, etc.

City & State

Tarpon Springs, Florida

Zip

34689

Country

U.S.

**3. Mailing Office Address**

623 E. Tarpon Avenue

Suite, Apt. #, etc.

City & State

Tarpon Springs, Florida

Zip

34689

Country

U.S.

REINSTATEMENT

02-09

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

10/29/97

**5. FEI Number**

☒ 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

Herbert Elliott, Attorney-at-Law

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

623 E. Tarpon Avenue

Suite, Apt. #, Etc.

City

Tarpon Springs

State  
FL

Zip Code  
34689

800031764458  
04/05/04--01005--013 \*\*1050.00

**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

REGISTERED AGENT MUST SIGN

Date

March 26, 2004

**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
Pres.	Brenda M. Scott	PO BOX 592	Crystal Beach FL 34681
Sec.	Luz S. Paz	PO BOX 592	Crystal Beach FL 34681

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 26, 2004

CP2E081 (07/04)