

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000094215**

1. Corporation Name

**GULF COAST EDUCATION AND RESEARCH CENTER, INC.**

Principal Place of Business

3280 TAMiami TrL- STE- 27  
PT- CHARLOTTE FL 33952-

Mailing Address

3280 TAMiami TrL- STE- 27  
PT- CHARLOTTE FL 33952

If above addresses are incorrect in any way, line through incorrect information and enter correction below:

2. New Principal Office Address, If Applicable  
c/o Luis Casanova

Suite, Apt. #, etc.  
2885 Tamiami Trail

City & State  
Port Charlotte, Florida

Zip  
33952

Country  
U.S.A.

3. New Mailing Office Address, If Applicable  
c/o Luis Casanova

Suite, Apt. #, etc.  
2885 Tamiami Trail

City & State  
Port Charlotte, Florida

Zip  
33952

Country  
U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/03/1997

5. FEI Number

65-0798110

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers.)	4 City / State / Zip
D	CASANOVA, LUIS A	119 SINCLAIR ST. SW	PT. CHARLOTTE FL 33952
D	GARCIA, JOSE M	417 MEDICI CT.	PUNTA GORDA FL 33950

REINSTATEMENT

98- B 3/5/99

100002739291 - 5

03/03/99-01056-011

\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

GARCIA, JOSE M  
3280 TAMiami TrL, STE. 27  
PT. CHARLOTTE FL 33952

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

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 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

1-30-99

(441) 624-7250

CR2EMC (9/98)