

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 15 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

20042200-12302

DOCUMENT # P980000001224

1. Corporation Name

GULF FOREST PRODUCTS, INC.

REINSTATEMENT

200031348122

03/29/04--01075--003 **150.00

REINSTATEMENT

99-04

2. Principal Office Address

16804 SW 80th CT

3. Mailing Office Address

16804 SW 80th CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Village of Palmetto Bay, FL.

City & State

Village of Palmetto Bay, FL.

Zip
33157

Country

Miami Dade

Zip
33157

Country

Miami Dade

4. Date Incorporated or Qualified

To Do Business in Florida 01/06/1998

5. FEI Number

65-0807793

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

Alberto F. Mursuli

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

6875 W. Flagler St

Suite, Apt. #, Etc.

310

City

Miami

400032758784

04/14/04--01053--028 **750.00

State

FL

Zip Code

33144

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 -

Alberto F. Mursuli

REGISTERED AGENT MUST SIGN

Date 03/25/2004

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
PS	Alberto F. Mursuli	6875 W. Flagler St, Apt. 310	Miami, FL. 33144

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:

Alberto F. Mursuli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/2004

Date

(786) 281-7002

Daytime Phone #

CR2E081 (01/04)