

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000004891

**Entity Name:** GULFSIDE SPECIALTIES, INC.

**FILED**  
**Dec 15, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

6050 STRINGFELLOW ROAD  
SAINT JAMES CITY, FL 33956

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 487  
MATLACHA, FL 33993

**New Mailing Address:**

P.O. BOX 514  
ST. JAMES CITY, FL 33956

**FEI Number:** 65-0825839

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLARK, NANCY J  
6050 STRINGFELLOW RD.  
SAINT JAMES CITY, FL 33956 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NANCY J. CLARK

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CLARK, NANCY J  
Address: P.O. BOX 514  
City-St-Zip: ST. JAMES CITY, FL 33956

Title: D  
Name: JOHN, CLARK D  
Address: P.O. BOX 514  
City-St-Zip: ST. JAMES CITY, FL 33956

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NANCY J. CLARK

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

12/15/2013

\_\_\_\_\_  
Date