

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000106838

1. Corporation Name

GULF COAST EXPEDITE, INC.

Principal Place of Business

3355-6 COPTER RD.
PENSACOLA FL 32514

Mailing Address

3355-6 COPTER RD.
PENSACOLA FL 32514

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

P.O. Box 49508

Suite, Apt. #, etc.

Atlanta, GA

City & State

Zip

30362

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1998

5. FEI Number

59-3550573

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Timothy Lewis	100 Oakwood Trail	Mt Dora, GA 32752
VP	Louis Nichols	550 Woodbrook Way	Lawrenceville, GA 30043
VP	Jeffrey Stewart	2533 Herndon Road	Lawrenceville, GA 30043
Secy	David Reed	4748 Adams Road	Dunwoody, GA 30338

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

LITTLE, MITCHELL G
3355-6 COPTER RD.
PENSACOLA FL 32514

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
200003050202--3
Suite, Apt. #, Etc.
-11/19/99--01087--026
City
State FL Zip Code
****750.00 ****750.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

Michael J. O'Connell
REGISTERED AGENT MUST SIGN

Date 11-6-99

11. 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:

David H. Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-5-99 770-449-5880