

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 15 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000006279

1. Corporation Name
GULF COAST INTERNATIONAL TRADING, INC.

Principal Place of Business 5752-12TH AVE NW NAPLES FL 34119	Mailing Address 5752-12TH AVE NW NAPLES FL 34119
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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

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT

2001

4. Date Incorporated or Qualified To Do Business in Florida
01/21/1999

5. FEI Number **59-3555682**
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	4 City / State / Zip
VP	FUITH, MARIE L	401 MADISON CT.	FT MYERS BEACH FL 33931
DP	FUITH, THOMAS	5752-12TH AVE NW	NAPLES FL 34119
			300004658053--3 -10/29/01--01102--001 ***750.00 ***750.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~LAWHON, ANTHONY M ESQ
2177 PINE RIDGE ROAD
SUITE D
NAPLES FL 34109~~

~~3931 PINE RIDGE RD
STE 101
NAPLES, FL 34109~~

Name **TOM FUITH**
Street Address (P.O. Box Number is Not Acceptable) **5752 12TH AVE NW**
Suite, Apt. #, Etc.
City **NAPLES,** State **FL** Zip Code **34119**

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-11-01

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:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TOM FUITH**

Date

Daytime Phone #

10-11-01 5147775

CR2E040 (8/01)