

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

CORPORATION

2001 UBR

DOCUMENT # P99000007653

1. Corporation Name

GULF OF MEXICO ENTERPRISES, INC.

2. Principal Office Address

1602 ALTON RD.

Suite, Apt. #, etc.

# 515

City & State

MIAMI BEACH, FL

Zip

33139

Country

DADE

3. Mailing Office Address

1602 ALTON RD.

Suite, Apt. #, etc.

# 515

City & State

MIAMI BEACH, FL

Zip

33139

Country

DADE

FILED

01 MAY -1 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2001 UBR

4. Date Incorporated or Qualified  
To Do Business in Florida

1/26/1999

5. FEI Number

65-0889962

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

EISI MARKOVITZ

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

1602 ALTON RD.

Suite, Apt. #, Etc.

515

City

MIAMI BEACH

State

FL

Zip Code

33139

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

*Eisi Markovitz*

REGISTERED AGENT MUST SIGN

Date

4/30/01

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

P/T/S/O

EISI MARKOVITZ

1602 ALTON RD. #515  
MIAMI BEACH, FL 33139

MIAMI BEACH, FL 33139

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 application are 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

Date

Daytime Phone #

*Eisi Markovitz*

4/30/01