2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 16, 2009
Secretary of State

DOCUMENT# P99000027160

Entity Name: GULFSIDE INSURANCE INC.

Current Principal Place of Business:

124 SE MIRACLE STRIP PKWY
STE 205
MARY ESTHER, FL 32569

New Principal Place of Business:

Current Mailing Address:

124 SE MIRACLE STRIP PKWY
STE 205
MARY ESTHER, FL 32569

New Mailing Address:

FEI Number: 59-3566556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOLSE, DANIEL E MR
124 E MIRACLE STRIP PKWY
205
MARY ESTHER, FL 32569 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: DANIEL E FOLSE

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GULFSIDE INSURANCE INC
Address: 124 E MIRACLE STRIP PKWY ST 205
City-St-Zip: MARY ESTHER, FL 32569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DANIEL E FOLSE MR 10/16/2009

Electronic Signature of Signing Officer or Director — Date