

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000027160

1. Corporation Name

GULFSIDE INSURANCE INC.

Principal Place of Business

124 SE MIRACLE STRIP PKWY
STE 205
MARY ESTHER FL 32569

Mailing Address

124 SE MIRACLE STRIP PKWY
STE 205
MARY ESTHER FL 32569

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/19/1999

5. FEI Number

59-3566556

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FOLSE, DANIEL E	3639 QUAIL RUN RD	GULF BREEZE FL 32561
P	FOISE, DANIEL E	3137 CAIE DE CIERVO	NAVARRE FL 32566

800023989338

10/21/03--01148--015 **158.75

8. Name and Address of Current Registered Agent

~~FOLSE, DANIEL E~~
~~3611 QUAIL RUN ROAD~~
~~GULF BREEZE FL 32561~~

9. Name and Address of New Registered Agent

Name

DANIEL E FOISE

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

3137 CAIE DE CIERVO

Suite, Apt. #, Etc.

City

NAVARRE

State

FL

Zip Code

32566

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10.9.03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.9.03

Date

850.862.8644

Daytime Phone #

To whom it may concern:

I am writing to inform the department of state that I (Daniel E Felse) did not receive my corporate renewal in the mail. Some of our mail has been going to the wrong address, which happens to be one of our competitors. I called the info line and was instructed to write an explanation and send it along with my reinstatement application. Thank you for your help.

Daniel Felse



10.9.03

**GULFSIDE INSURANCE
124 MIRACLE STRIP PKWY.
SUITE 205
MARY ESTHER, FL 32569
(850) 862-8644**