

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 14 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000042807**

1. Corporation Name

GULF SHORE LAND RESOURCES INC

2. Principal Office Address

3. Mailing Office Address

814 PONCE DE LEON BLVD. P.O. BOX - 141892

Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL.

Zip

33134

Country

MIAMI DADE

Zip

33114

Country

MIAMI DADE

**4. Date Incorporated or Qualified
To Do Business in Florida**

05-11-1999

5. FEI Number

650922340

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

ANGEL BLANCO JR.

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

814 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

SUITE # 207

City

CORAL GABLES, FL.

500012571095

02/14/03--01062--013 **300.00

500012571095

02/14/03--01062--014 **8.75

State
FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date **2/7/2003**

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/D	ANGEL BLANCO III	7451 S.W. 163 PL.	MIAMI, FL. 33193
T/D	ANGEL BLANCO III	7451 S.W. 163 PL.	MIAMI, FL. 33193
VP/D	KRISSEY BLANCO	323 S.W. 133 PL.	MIAMI, FL. 33184
S/D	KRISSEY BLANCO	323 S.W. 133 PL.	MIAMI, FL. 33184
D	ANGEL BLANCO JR.	323 S.W. 133 PL.	MIAMI, FL. 33184

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 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

**ANGEL BLANCO JR.
(DIRECTOR)**

Date

2/7/2003

Daytime Phone #

**305
207-6397**

GR2E081 (10/02)

GULF SHORE LAND RESOURCES, INC.
ATTN: NORMA
PO BOX 141892
CORAL GABLES, FL 33114

Request taken by: epeterson
01-31-2003

The forms you recently requested from this office are:

- (1) 203. Reinstatement (Corp)

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314



GulfShore Land Resources Inc.

Reply to:
P.O. Box 140489
Coral Gables, FL 33114

February 10, 2003

*Department of State
Division Of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314*

Re: Gulfshore Land Resources Inc.

Dear Sir or Madam:

*Enclosed please find Corporation Reinstatement form on
above referred.*

*As per telephone conversation, we never received last year's
form to send payment and as such we respectfully request that you waive
penalties that may apply.*

*The lady we spoke to in your department, instructed us to
accompany this letter with reinstatement form and \$ 300.00 for last year
and current year Uniform Business Report Filing Fee.*

*We trust the corporation be reinstated at your earliest and we
do sincerely thank you for your assistance concerning this situation.*

Cordially,


Angel Blanco Jr., Director

*PS: We have also attached an additional Money Order in the amount of
\$8.75 so that you can forward us a certificate of the status*