

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -4 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000047562**

1. Corporation Name

**GULF COAST SERVICES OF FLORIDA, CORP.**

Principal Place of Business

17274 SAN CARLOS BLVD  
208 + 209  
FT. MYERS BEACH FL 33931

Mailing Address

17274 SAN CARLOS BLVD  
208 + 209  
FT. MYERS BEACH FL 33931

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/20/1999**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0921417**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PTD	GALUN, GERHARD	17274 SAN CARLOS BLVD, STE. 208/	FT. MYERS BEACH FL 33931
VPSD	GALUN, VERONIKA	17274 SAN CARLOS BLVD, STE. 208/	FT. MYERS BEACH FL 33931

300009351033  
12/04/02--01045--008 \*\*150.00

8. Name and Address of Current Registered Agent

GALUN, GERHARD  
17274 SAN CARLOS BLVD 208+209  
FORT MYERS BEACH FL 33931

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

CR2E040 (8/02)

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

**SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

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:

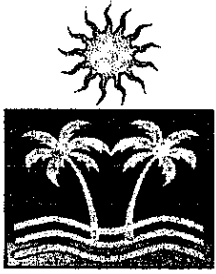
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11.30.02



**BEACH ACCOUNTING & TAX**

**Edward A. Dallas**

NOV 27, 2002

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Gulf Coast Services of Florida, Corp  
17274 SAN CARLOS BLVD STE 208 & 209  
FORT MYERS BEACH, FL 33931  
Federal ID # 65-0921417

The above mentioned client received a notice of administrative dissolution or revocation. This is the first notice they received on the annual report.

The corporation never received the first or second notice but

We are enclosing a check for the original annual fee of \$150.00 and hope you will wave the reinstatement fee. The lack of filing this return late was due to circumstances beyond the corporation's control and we are formally requesting a waiver of the reinstatement fee.

Would you please help us and get back to us with your findings.

A handwritten signature in cursive script that reads "Edward Dallas".

Edward Dallas