

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 30 PH 2:21

DOCUMENT # P99000047562

1. Corporation Name

Gulf Coast Services of Florida Corp

2. Principal Office Address - No P.O. Box #

17274 San Carlos Blvd

Suite, Apt. #, etc.

Suite 208 + 209

City & State

Ft Myers Beach FL

Zip

33931

Country

USA

3. Mailing Office Address

17274 San Carlos Blvd

Suite, Apt. #, etc.

Suite 208 + 209

City & State

Ft Myers Beach FL

Zip

33931

Country

USA

CR2E081 (12/08)

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

5-20-99

5. FEI Number

65-0921417

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

Gerhard Galun

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

17274 San Carlos Blvd

Suite, Apt. #, Etc.

Suite 208 + 209

City

Fort Myers Beach

State

FL

Zip Code

33931

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

Date 10.27.09

REGISTERED AGENT MUST SIGN

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	Gerhard Galun	17274 San Carlos Blvd Suite 208 + 209	Ft. Myers Beach, FL 33931
VP	Veronika Galun	17274 San Carlos Blvd Suite 208 + 209	Ft Myers Beach FL 33931

500162347929
10/30/09-01032-007 **450.00

REINSTATEMENT 07-69

B10/30/09

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 contained in Chapter 119, 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

[Signature]

10.27.09

Date

2397707291

Daytime Phone #