

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 22 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000054498**

1. Corporation Name

GULFPORT NATIONAL Credits Inc

2. Principal Office Address

1304 SW 160 Ave

3. Mailing Office Address

1304 SW 160 Ave

Suite, Apt. #, etc.

Ste 635

Suite, Apt. #, etc.

Ste 635

City & State

Sumner

City & State

Sumner

Zip

33326

Country

Broward

Zip

33326

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

6/15/1999

5. FEI Number

65-0946447

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

400019747204

Name

GINA ESPOSITO

05/22/03--01096--004 *00.00**

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

1304 SW 160 Avenue

Suite, Apt. #, Etc.

Suite 635

City

Sumner

State

FL

Zip Code

33326

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

Gina Esposito

Date **5-16-03**

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
President Registered Agent	GINA ESPOSITO	1304 SW 160 AVE	Ste 635, Sumner 33326

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:

GINA ESPOSITO

Gina Esposito

5/16/03

(954) 693-8548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (10/02)

5/28

GULFPORT NATIONAL CREDITS, INC

May 16, 2003

State of Florida
Division of Corporations
409 East Gaines Street
Tallahassee, Fl 32399

RE: Gulfport National Credits Inc.
Doc: P99000054498

Gentlemen,

Early in the year 2000 I sent a change of address to the Division of Corporations. Unbeknownst to me this change of address was not posted in the Division's registry. Consequently all official correspondence to me or my company was never delivered.. Our company present address is

1304 SW 160th. Avenue

Suite 635

Sunrise, Florida 33326

I am requesting that all late fees be waived by the Division of Corporations since this was an error. I am enclosing a check for the sum of \$600.00 to cover my annual renewals. I hereby request that Gulfport National Credits Inc. be reinstated for the years 2000, 20001, 2002 and 2003. .

I appreciated all the cooperation in this matter.

Sincerely yours



Gina Esposito

Registered Agent