


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 SEP 10 PM 1:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P99000079238</u>					
1. Corporation Name  Gulf Coast Personnel, Inc.					
2. Principal Office Address 6515 Yellowhammer Ave.		3. Mailing Office Address 6515 Yellowhammer Ave.		4. Date Incorporated or Qualified To Do Business in Florida 9/7/99	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3608456	
City & State Tampa, FL		City & State Tampa, FL		Applied For Not Applicable	
Zip 33625	Country USA	Zip 33625	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Theodore J. Hamilton					
Street Address (P.O. Box Number is Not Acceptable) 400 N. Tampa Street					
Suite, Apt. #, Etc. Suite 2625					
City Tampa		State FL		Zip Code 33602	
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 <u>Thomas P. Martin</u>				Date <u>8/14/2001</u>	
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	
PD	Thomas P. Martin	6515 Yellowhammer Ave.		Tampa, FL 33625	
ST	Eric Rosenbloom	6515 Yellowhammer Ave.		Tampa, FL 33625	
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)(f), 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: <u>Thomas P. Martin</u>		C.E.O.		8-10-01 813 915-0737	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	