

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 30 PM 12: 25

DOCUMENT # P99000109219

1. Corporation Name

GULF COAST ELECTRIC SYSTEMS, INC.

500004572325--6

-09/06/01--01046--008

****908.75 ****908.75

2. Principal Office Address

502 Highway 2297

Suite, Apt. #, etc.

3. Mailing Office Address

502 Highway 2297

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32404

Country

USA

City & State

Panama City, FL

Zip

32404

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1999

5. FEI Number

59-3615435

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

Ted M Jordan

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

502 Highway 2297

Suite, Apt. #, Etc.

City

Panama City,

State

FL

Zip Code

32404

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

Ted M Jordan

Date

8-29-01

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
Pres.	Ted M Jordan	502 Highway 2297	Panama City, FL 32404
Sec/Treas	Sandra A. Jordan	502 Highway 2297	Panama City, FL 32404

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:

Ted M Jordan

Ted Jordan, President

8-29-01

(850) 871-1973

850 871-1973

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/00)