


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 -7 PM 3:34

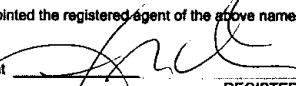
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600004602636--9
-09/20/01--01051--026
*****8.75 *****8.75

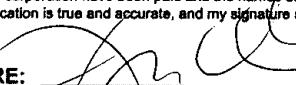
DOCUMENT # S24340			
1. Corporation Name GULF MANAGEMENT SERVICES, INC.			
2. Principal Office Address 2325 Ulmerton Road		3. Mailing Office Address 2325 Ulmerton Road	
Suite, Apt. #, etc. Suite 20		Suite, Apt. #, etc. Suite 20	
City & State Clearwater, Florida		City & State Clearwater, Florida	
Zip 34622	Country US	Zip 34622	Country US

4. Date Incorporated or Qualified To Do Business in Florida 01/10/91	
5. FEI Number 59-3061490	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Joel B. Giles	
Street Address (P.O. Box Number is Not Acceptable) 200 Central Avenue	
Suite, Apt. #, Etc. Suite 2300	
City St. Petersburg	State FL
	Zip Code 33701

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 	Date September 6, 2001
REGISTERED AGENT MUST SIGN Joel B. Giles	

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
DP	Fred B. Bullard, Jr.	2325 Ulmerton Road, Suite 20	Clearwater, Florida 34622
ST	Gregory D. Morris	2325 Ulmerton Road, Suite 20	Clearwater, Florida 34622
AA	Joel B. Giles	200 Central Avenue, Suite 2300	St. Petersburg, Florida 33701

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: 	Joel B. Giles September 6, 2001 (727)821-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	