

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 17 PM 6:16

**DOCUMENT #** V39039

**1. Corporation Name**

Gulf Area Development Corporation

**2. Principal Office Address**

P.O. Box 254  
101 John Sims Pkwy

Suite, Apt. #, etc.

City & State

Valparaiso, FL

Zip

32580

Country

US

**3. Mailing Office Address**

P.O. Box 254  
101 John Sims Pkwy

Suite, Apt. #, etc.

City & State

Valparaiso, FL

Zip

32580

Country

US

**REINSTATEMENT 99-01**

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

05/21/1992

**5. FEI Number**

59-3127392

Apply **SP**

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

Anthony S. Bradley

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

101 John Sims Pkwy

Suite, Apt. #, Etc.

City

Valparaiso

State

FL

Zip Code

32580

**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

*Anthony S. Bradley*

Date 10/16/2001

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
D	David R. Wise	128 N. Partin. Dr.	Niceville, FL 32578
D	Anthony S. Bradley	101 John Sims Pkwy	Valparaiso, FL 32580

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony S. Bradley

10/16/2001

Date

(850)678-6111

Daytime Phone #

CR2E081 (9/00)