

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV -4 PH 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F41319

1. Corporation Name
NORTH AMERICAN GULF CORPORATION

Principal Place of Business
P O BOX 20657
BRADENTON FL 34202
US

Mailing Address
P O BOX 20657
BRADENTON FL 34202
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/20/1981	
City & State		City & State		5. FEI Number	
Zip		Country		59-2116200	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

REINSTATEMENT *96ew*

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	MORRIS, ROGER C.	550 EAGLE WATON LANE 8717 53rd Place East	BRADENTON, FL 34202
			300001998443-1 -11/07/96--01013--010 ***375.00 ***375.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BONE, DAVID D. 788-B HUDSON AVE. SARASOTA FL 34238		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *David D. Bone* REGISTERED AGENT MUST SIGN Date: 10/30/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *Roger C. Morris* (PRESIDENT) 10/30/96 (941) 727-8481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ROGER C. MORRIS