PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 OCT 25 AM 11:47

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09/08/10--01030--002 **665.00

CR2E081 (6/10)

DOCUMENT # N02000009798

1. Corporation Name

Florida's Coastal Northwest Communications Council, Inc.

V10000042439

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
25777 U S Hwy 331 S	25777 U S Hwy 331 S
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Santa Rosa Beach FL	City & State: Santa Rosa Beach FL
Zip: 32459 Country: US	Zip: 32459 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 12/20/2002

5. FEI Number: 75-3105661 ☑ 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: Michele Ray

Street Address (P.O. Box Number is Not Acceptable): 25777 U S Hwy 331 S

Suite, Apt. #, Etc.

City: Santa Rosa Beach State: FL Zip Code: 32459

03-10
REINSTATEMENT

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: Michele Ray Date: 08/03/10
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
Chairman	Dawn Moliterno, chairman	25777 U S Hwy 331 S	Santa Rosa Beach FL 32459
Chair Elect	Dan Rowe, co. chair	P O Box 9473	Panama City Beach FL 32413
B.M	Mark Bellinger,	P O Box 609	Ft Walton Beach FL 32548
B.M.	Ed Schroeder	1401 East Gregory St	Pensacola FL 32501
B.M.	Stephen Hilliard	133-C S. Watersound Pkwy	Watersound FL 32413

10. **E-mail Address:** raymichele@beachesofsouthwalton.com RH
(To be used for future annual report notification)

11. 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. I further certify 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: DAWN MOLITERNO Executive Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #