

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV -6 AM 10:22

DOCUMENT # P94000041232

1. Corporation Name

GULF COAST BENEFIT SERVICES, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1101 GULF BREEZE PARKWAY  
GULF BREEZE FL 32561

1101 GULF BREEZE PARKWAY  
BOX 63  
GULF BREEZE FL 32561  
US

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

2. New Principal Office Address, If Applicable

1198 GULF BREEZE PARKWAY

Suite, Apt. #, etc.

Suite 2

City & State

Gulf Breeze, FL

Zip

31561

Country

USA

3. New Mailing Office Address, If Applicable

P.O. Box 189

Suite, Apt. #, etc.

P.O. Box 189

City & State

Gulf Breeze, FL

Zip

32561

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

06/02/1994

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PO	POWELL, JOHN H	301 SHORELINE DRIVE	GULF BREEZE FL 32561
P	John Powell		
VP	GOULD, WILLIAM F JR.	3205 E OLIVE RD, APT. 69	PENSACOLA FL 32514
VP	ODOM, JIM	6520 EAST BAY BLVD	GULF BREEZE FL 32561
VP	Charles C. Powell	301 Shoreline Dr	Gulf Breeze, FL 32561
			600003493216--4
			-12/11/00--01033--013
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

POWELL, JOHN H  
301 SHORELINE DRIVE  
GULF BREEZE FL 32561

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

John H. Powell  
REGISTERED AGENT MUST SIGN

Date

11/02/00

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 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:

John H. Powell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/02/00 (850) 934-1626

Daytime Phone #

CR2E040 (800)