

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

01 MAR 13 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000039277

1. Corporation Name

GULF COAST PARASAIL INC.

Principal Place of Business

Mailing Address

EAST PAS MARINA  
288 E HWY 98  
DESTIN FL 32540  
US

7161 WELLS AVE  
NAVARRE FL 32566  
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.		34 Rue d' Etretat		04/30/1998	
City & State		City & State		5. FEI Number	
DESTIN, FL		DESTIN, FL		59-3508129	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
32541	US	32541	US		

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
P	PHILLIPS, KENNETH W	7161 WELLS AVE 34 RUE d' ETRETAT	NAVARRE FL 32566 DESTIN, FL 32541

REINSTATEMENT

2000 + 2001

600003850926--5

-03/13/01--01080--005

\*\*\*\*758.75 \*\*\*\*758.75

07-14-00 90001 009 \$150.00

8. Name and Address of Current Registered Agent

PHILLIPS, KENNETH W  
7161 WELLS AVENUE  
NAVARRE FL 32566

9. Name and Address of New Registered Agent

Name KENNETH W. PHILLIPS

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

34 RUE d' ETRETAT

Suite, Apt. #, Etc.

City DESTIN

State FL

Zip Code

32541

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

Kenneth W. Phillips

Date 3/13/01

REGISTERED AGENT MUST SIGN

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:

Kenneth W. Phillips  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
KENNETH W. PHILLIPS

3/13/01  
Date

850/269-0965  
Daytime Phone #

CR2E040 (8/00)