

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

DOCUMENT # N02000009798

1. Corporation Name

Florida's Coastal Northwest Communications Council, Inc.

V410000042439

800185169578  
09/08/10--01030--002 \*\*665.00

2. Principal Office Address - No P.O. Box #

25777 U S Hwy 331 S

Suite, Apt. #, etc.

3. Mailing Office Address

25777 U S Hwy 331 S

Suite, Apt. #, etc.

CR2B081 (6/10)

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

City & State

Santa Rosa Beach FL

City & State

Santa Rosa Beach FL

Zip

32459

Country

US

Zip

32459

Country

US

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

(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:

*[Signature]*

DAWN MOLITERNO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Executive Director