PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 16 PM 1:43

DOCUMENT # 734766

1. Corporation Name

GULF COAST SEMINARY, INC.

Principal Place of Business	Mailing Address
~~4101 W. 21ST T. BOX 9~~ 2240 Edgewood DR. PANAMA CITY FL 32405	2240 EDGEWOOD DR PANAMA CITY FL 32405

REINSTATEMENT 02

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City, FL	City & State
Zip: 32405 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/06/1976

5. FEI Number: 59-1743603 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WADE, LARRY E	~~4600 TROPICAL DR.~~ 2240 Edgewood DR	PANAMA CITY FL
VPD	RIGBY, JOHN	7807 LEE ROAD	SMITHS AL
ST	WADE, ANGELA R	~~4600 TROPICAL DR.~~ 2240 Edgewood DR.	PANAMA CITY FL

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****236.25 ****236.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WADE, LARRY E 2240 EDGEWOOD DR. P.O. BOX 3725 PANAMA CITY FL 32405	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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.

AD

Signature of Registered Agent: Larry E. Wade REQUIRED — Date: 10 Oct 2001

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.

Larry E. WADE

SIGNATURE: Larry E. Wade REQUIRED — 10 Oct 2001 — 850-872-9308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #