

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JUN 16 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003233

1. Corporation Name

Gulf Coast Accomodations, Inc

Principal Place of Business

Mailing Address

26034 Perdido Beach Blvd  
Orange Beach, AL 36561

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

2. New Principal Office Address, If Applicable

13585 Perdido Key Dr

3. New Mailing Office Address, If Applicable

113 Baybridge Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

GULF BREEZE FL

Zip

32507

Country

Zip

32561

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

7/14/93

5. FEI Number

63-1040952

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	William B. Lagman	13585 Perdido Key Dr	Pensacola, FL 32507
ST	Julian B. MacQueen	113 Baybridge Dr	Gulf Breeze, FL 32561

REINSTATEMENT 97-98

T.S. 6/16

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

William P. LAGMAN  
13585 Perdido Key DR  
PENSACOLA, FL 32507

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

William P. Lagman

REGISTERED AGENT MUST SIGN

Date

6-15-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

William P. Lagman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-15-98

Daytime Phone #