

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003233

1. Corporation Name

Gulf Coast Accomodations, Inc.

2. Principal Office Address

14113 Perdido Key Drive

Suite, Apt. #, etc.

City & State

Pensacola, FL 32507

Zip

32507

Country

USA

3. Mailing Office Address

14113 Perdido Key Drive

Suite, Apt. #, etc.

City & State

Pensacola, FL 32507

Zip

32507

Country

USA

FILED

03 DEC 23 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-03

100025722291

12/23/03--01019--022 **1200.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/14/1993

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. Name and Address of Current Registered Agent

Name

William P. Lagman

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

14113 Perdido Key Drive

Suite, Apt. #, Etc.

City

Pensacola

State
FL

Zip Code

32507

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

William P. Lagman

Date 12/19/03

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
P, D	William P. Lagman	14113 Perdido Key Dr.	Pensacola, FL 32507
S T D	Julian B. MacQueen	113 Baybridge Drive	Gulf Breeze, FL 32561

10. 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.

William P. Lagman

SIGNATURE:

William P. Lagman

President

12/19/03

850-492-0613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #