

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 15 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N01000005122*

1. Corporation Name

Gulf Coast Ad Group, Inc.

REINSTATEMENT 02-10

100172223071

03/15/10--01060--024 **551.25

CR2E081 (11/09)

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

8668 Navarre Pkwy

Suite, Apt. #, etc.

#100

City & State

Navarre FL

Zip

32566

Country

USA

3. Mailing Office Address

9472 Bone Bluff Dr

Suite, Apt. #, etc.

City & State

Navarre FL

Zip

32566

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-16-2001

5. FEI Number

59-3731721

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 N. Key

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

9472 Bone Bluff Dr.

Suite, Apt. #, Etc.

City

Navarre

State

FL

Zip Code

32566

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Wm Key

REGISTERED AGENT MUST SIGN

Date *3-15-2010*

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
DP	<i>William Key</i>	<i>9472 Bone Bluff Dr</i>	<i>Navarre FL 32566</i>
DS	<i>Pamela Pollard</i>	<i>4960 Hwy 90</i>	<i>Pace FL 32571</i>
DT	<i>Steve Thrasher</i>	<i>38 S. Blue Angel Pkwy</i>	<i>Pensacola FL 32506</i>

OC 3/16

10. E-mail Address: *BillKey UPS@aol.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:

Wm Key

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-15-2010

Daytime Phone #