PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 FEB -9 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000011740

1. Corporation Name

Emerald Coast Public Relations Organization, In.

W10-2573

600166587956
01/19/10--01033--020 **428.75

REINSTATEMENT 02-10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2000 Ninety-eight Palms	PO Box 4483
Suite, Apt. #, etc.: 110	Suite, Apt. #, etc.:
City & State: Destin, FL	City & State: Fort Walton Beach, FL
Zip: 32541 Country: USA	Zip: 32549 Country: USA

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

5. FEI Number: 58-5149881 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: Kilpatrick, William G Jr.
Street Address (P.O. Box Number is Not Acceptable): 35008 Emerald Coast Pkwy
Suite, Apt. #, Etc: Suite 202
City: Destin State: FL Zip Code: 32541

☐ 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: W. L. Kilpatrick Date: 1-7-10
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
P	Ardelle Bush	Po Box 4483	FWB, FL 32549
T	Scott Noble	PO Box 4483	FWB, FL 32549
V	Ken Hair	Po Box 4483	FWB, FL 32549
S	Tiffany Rivera	PO Box 4483	FWB, FL 32549

10. E-mail Address: info@emeraldcoastpr.org
(To expedite filing, 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: Scott A Noble 1-13-10 850-577-7573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

219 ar