

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **NOT 1338**

1. Corporation Name

GULF COAST ECONOMICS CLUB, INC.

Principal Place of Business

Mailing Address

**1600 North Palafox Street
Pensacola, FL 32501**

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

2. New Principal Office Address, If Applicable

1600 N. Palafox St.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1600 N. Palafox St.

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32501

Country

Escambia

City & State

Pensacola, FL

Zip

32501

Country

Escambia

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
1	2	3	4
P/D	Wernicke, Patti	3695 N. "L" Street	Pensacola, FL 32505
VP/D	Hawkins, Richard	1100 University Parkway UWF	Pensacola, FL 32514
VP/D	Pendleton, Ben	4630 Baywood Circle	Pensacola, FL 32504
S/D	Frey, Michael	117 W. Garden Street	Pensacola, FL 32501
T/D	Callaway, Mary M.	1600 N. Palafox Street	Pensacola, FL 32501
D	Smart, Steve	316 S. Baylen Street Suite 590	Pensacola, FL 32501

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Mary M. Callaway

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

1600 N. Palafox Street

Suite, Apt. #, Etc.

City

Pensacola

600002862656--6

-05/04/99-01088-029

******297 FL 32501.50**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.05(6), F.S.

Signature of
Registered Agent

Mary M. Callaway
REGISTERED AGENT MUST SIGN

Date **4-23-99**

11. This corporation owes 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 607.04(1) or 617.04(1), 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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Hawkins President

4/23/99

(850) 432-4371

REINSTATEMENT

FILED

99 APR 26 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*9899
180
4/23/99*

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**