PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 15 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02

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11/15/02--01094--041 **236.25

DOCUMENT # N34747

1. Corporation Name

GULF COAST CHRISTIAN ACADEMY, INC. OF PENSACOLA, FLORIDA

Principal Place of Business	Mailing Address
3685 MULDOON RD. PENSACOLA FL 32526	3685 MULDOON RD. PENSACOLA FL 32526

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/18/1989

5. FEI Number: 59-2967116 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~D~~	~~BECK, VICKIE~~	~~P.O. BOX 849~~	~~LILLIAN AL 36549~~
~~D~~	~~MCLAMMY, ROBERT J~~	~~100 VANDERBILT RD~~	~~PENSACOLA FL 32506~~
~~D~~	~~BOURGEOIS, RICHARD L~~	~~5790 VENTURA LN~~	~~PENSACOLA FL~~
D	PECK, TERESA	7870 GALAXY CT	PENSACOLA FL 32506
D	Alexander, Amanda L	7865 Galaxy CT	Pensacola FL 32506
D	Calahan, Vera	71 Belleau CT	Pensacola FL 32506

8. Name and Address of Current Registered Agent

~~MCLAMMY, ROBERT J~~
100 VANDERBILT RD
PENSACOLA FL 32506

9. Name and Address of New Registered Agent

Name: Amanda L. Alexander
Street Address (P.O. Box Number is Not Acceptable): 7865 Galaxy Court
Suite, Apt. #, Etc.:
City: Pensacola State: FL Zip Code: 32506

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: Amanda L. Alexander SIGNATURE REQUIRED Date: 11/5/02
REGISTERED AGENT MUST SIGN

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 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: SIGNATURE REQUIRED Teresa Peck, President 11/5/02 453-3147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CONTINUATION OF QUESTION 7

Title	Name of Officers And/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
D	Fuller, Lisa	5840 Reynosa Drive	Pensacola, FL 32504