

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 DEC 21 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37799

1. Corporation Name

GULF COAST TRIATHLON FOUNDATION, INC.

Principal Place of Business

1618 ISABELLA AVE
PANAMA CITY FL 32401
US

Mailing Address

P O BOX 9719
PANAMA CITY BCH FL 32417
US

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

P.O. BOX 4055

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Panama City FL

Zip

Country

Zip

32401

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/1990

5. FEI Number

59-2308102

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	WALBY, DAVID	469 W. 23RD ST. SUITE 201	PANAMA CITY FL
DT	BRAMBLETT, SHELLEY A	102 Queens Circle 3644 OAKBROOK LANE	PANAMA CITY BCH FL
DS	MCTRUSTY, TIM	114 SAND DOLLAR DR.	PANAMA CITY BC
D	BOYD, DAVID	6700 LETOHATCHEE	PANAMA CITY FL
D	SWIGLER, ALAN	23 HARRISON AVE.	PANAMA CITY FL
D	SIMS, CAROL	7306 MARKET STREET	SOUTHPORT FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRAMBLETT, SHELLEY A
3644 OAKBROOK LANE
PANAMA CITY BCH FL 32408

Name

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

102 Queens Circle

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32405

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.

Signature of
Registered Agent

SHELLEY A. BRAMBLETT
REGISTERED AGENT MUST SIGN

Date

12/14/98

11. This corporation owes or has paid 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 607.0401 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)(f), 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:

SHELLEY A. BRAMBLETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/14/98 (850) 522-8781

Daytime Phone #