PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 MAY -7 P 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100180565301
05/07/10--01037--022 **600.00

DOCUMENT # P01000027958

1. Corporation Name
Gulf Coast Fishing Adventures, Inc

CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
817 Bay Cliffs Rd.	3298 Summit Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 27
City & State: Gulf Breeze FL	City & State: Pensacola FL
Zip: 32561 Country: Santa Rosa	Zip: 32503 Country: Escambia

4. Date Incorporated or Qualified To Do Business in Florida: 03/19/2001

5. FEI Number: 04-3648358 ☐ 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: Gary W. Huston

Street Address (P.O. Box Number is Not Acceptable): 125 W. Romana St.,

Suite, Apt. #, Etc.: Suite 800

City: Pensacola State: FL Zip Code: 32502

PROFIT CORPORATIONS ONLY

☒ The $600.00 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: Gary W. Huston Date: 5-5-2010

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
Pres	A. Lestek Ennis	817 Bay Cliffs Rd.	Gulf Breeze, FL 32561
Treas	Stephen M. Ennis	1164 Old Trail	Gulf Breeze FL 32561
VP	Jonathan L. Ennis	817 Bay Cliffs Rd.	Gulf Breeze, FL 32561

REINSTATEMENT 07-10

10. E-mail Address: Steve@TheEnnisCo.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: Stephen M. Ennis 5/5/2010 850-432-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #