

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN -9 PH 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000087770**

1. Corporation Name
**GULF COAST ACCOMMODATIONS OF FLORIDA,
INC.**

2. Principal Office Address
113 BAY BRIDGE DR

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
GULF BREEZE, FLORIDA

City & State

Zip Country
32501 USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
593280228

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT-03-064

400034525274
04/29/04--01010--004 **750.00

7. Name and Address of Current Registered Agent

Name
JULIAN B. MACQUEEN

Street Address (P.O. Box Number is Not Acceptable)
113 BAY BRIDGE DRIVE

Suite, Apt. #, Etc.

City
GULF BREEZE, FL. 32501

State Zip Code
FL

400034525274
06/09/04--01078--004 **150.00

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

Date **4/23/04**

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
PVS	JULIAN B. MACQUEEN	113 BAY BRIDGE DRIVE	GULF BREEZE, FL. 32501

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/23/04**

Daytime Phone # **850 9343609**

CR2E081 (01/04)