

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 APR -8 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/08/03--01052--002 **150.00

DOCUMENT # P97000026271

1. Corporation Name

GULF COAST CONSTRUCTION OF BAY COUNTY, INC.

Principal Place of Business

3709 TREASURE CIRCLE
PANAMA CITY BEACH FL 32408

Mailing Address

3709 TREASURE CIRCLE
PANAMA CITY BEACH FL 32408

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/1997

5. FEI Number

59-3428911

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
P	WIGGINS, BRIAN	3709 TREASURE CIR	PANAMA CITY BEACH FL 32408
VP	James Andorf	1801 MOUND AVE. #5	PANAMA CITY, FL 32405
S	Jason Miller	4512 CARLA LN. #X	PANAMA CITY, FL 32405
T	John Dyke	5204 BEACH DR. #A	PANAMA CITY, FL 32408

8. Name and Address of Current Registered Agent

WIGGINS, BRIAN
3709 TREASURE CIR
PANAMA CITY BEACH FL 32408

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 4-10-2002

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRIAN WIGGINS

4-10-2002

Date

850 258 0880

Daytime Phone #

CR2040 (8/01)