PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
01 MAR 13 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000039277

1. Corporation Name

GULF COAST PARASAIL INC.

Principal Place of Business	Mailing Address
EAST PAS MARINA 288 E HWY 98 DESTIN FL 32540 US	~~7161 WELLS AVE~~ ~~NAVARRE FL 32566~~ US

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
34 Rue d' Etretat
Suite, Apt. #, etc.
City & State: DESTIN, FL
Zip: 32541 / Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 04/30/1998

5. FEI Number: 59-3508129 ☐ 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	PHILLIPS, KENNETH W	~~7161 WELLS AVE~~ 34 RUE d' ETRETAT	~~NAVARRE FL 32566~~ DESTIN, FL 32541

REINSTATEMENT 2000+2001

600003850926--5
-03/13/01--01080--005
****758.75 ****758.75

07-14-00 90001 009 $150.00

8. Name and Address of Current Registered Agent

PHILLIPS, KENNETH W
~~7161 WELLS AVENUE~~
~~NAVARRE FL 32566~~

9. Name and Address of New Registered Agent

Name: KENNETH W. PHILLIPS
Street Address (P.O. Box Number is Not Acceptable): 34 RUE d' ETRETAT
Suite, Apt. #, Etc.:
City: DESTIN | State: FL | Zip Code: 32541

CR2E040 (8/00)

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: Kenneth W. Phillips (SIGNATURE REQUIRED) Date: 3/13/01
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: Kenneth W. Phillips (SIGNATURE REQUIRED) 3/13/01 850/269-0965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KENNETH W. PHILLIPS

3/13