

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 APR 10 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 405169

1. Corporation Name

INDIAN PASS, INC.

Principal Place of Business

8701 N. PENSACOLA BLVD.  
PENSACOLA FL 32505

Mailing Address

8701 N. PENSACOLA BLVD.  
PENSACOLA FL 32505



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

2. New Principal Office Address, If Applicable  
1414 N. Barcelona St.

Suite, Apt. #, etc.

City & State  
Pensacola, Florida

Zip 32501

Country Escambia

3. New Mailing Office Address, If Applicable  
1414 N. Barcelona St.

Suite, Apt. #, etc.

City & State  
Pensacola, Florida

Zip 32501

Country Escambia

REINSTATEMENT 9a-00

4. Date Incorporated or Qualified  
To Do Business in Florida

07/19/1972

5. FEI Number

59-1413884

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	CRAMER, ROBERT	4300 W FRANCISCO ST	PENSACOLA FL
STD	LIGGETT, H. BRYANT	1414 N. BARCELONA STREET	PENSACOLA FL
D	MARTIN, JOHN G	615 BAYSHORE DRIVE	PENSACOLA FL
P/S/D	LIGGETT, H. BRYANT	1414 N. BARCELONA ST.	PENSACOLA, FL 32501
			4000003230124-0
			-05/01/00-01003-014
			***908.75 ***908.75

8. Name and Address of Current Registered Agent

CRAMER, ROBERT  
4300 W FRANCISCO ST  
PENSACOLA FL 32504

9. Name and Address of New Registered Agent

Name

Liggett, H. Bryant

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

1414 N. Barcelona St.

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32501

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

*H. Bryant Liggett*  
REGISTERED AGENT MUST SIGN

Date 4/6/00

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:

*H. Bryant Liggett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
H. BRYANT LIGGETT

4/6/00  
Date

(850) 438-8243  
Daytime Phone #

CR2E040 (8/99)