

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 APR 15 PM 2:43
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748320

1. Corporation Name

Weekly Bayou Improvement Association
Principal Place of Business Mailing Address
1022 Meadson Cir
Pensacola, FL 32506

REINSTATEMENT

92-99
AD

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida *01 Aug 1979*

5. FEI Number *59-2757527*

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	James Mead	1022 Meadson Cir	Pensacola, FL 32506
V	Bernard Sullivan	3395 Lemington Rd	Pensacola, FL 32504
T	Harry Hucksbeck	12535 Ophelia Dr	Pensacola, FL 32506
D	Bill Boyd	10545 Meadson Rd	Pensacola, FL 32506
D	Eddie Workman	12540 Meadson Rd	Pensacola, FL 32506
D	Don Rawls	12410 Airblanc Dr	Pensacola, FL 32506

8. Name and Address of Current Registered Agent

Harry Hucksbeck
600002854236--7
-04/27/99--01098--016
***673.75 ***673.75

9. Name and Address of New Registered Agent

Name *Don D. Rawls*
Street Address (P.O. Box Numbers Not Acceptable) *12410 Airblanc Dr*
Suite, Apt. #, Etc.
City *Pensacola* State *FL* Zip Code *32506*

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]*
REGISTERED AGENT MUST SIGN

Date *12 Apr. 99*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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)(b), 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: *James M. Mead*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *850-492-9327*
Digital Product

CP2100-1-98