

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2007 OCT 12 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07
CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000012823

1. Corporation Name
WEST FLORIDA PUBLIC LIBRARY FOUNDATION, INC.

2. Principal Office Address - No P.O. Box # 3 W GARDEN ST		3. Mailing Office Address PO BOX 464	
Suite, Apt. #, etc. 618		Suite, Apt. #, etc.	
City & State PENSACOLA, FL		City & State PENSACOLA, FL	
Zip 32502	Country ESCAMBIA	Zip 32502	Country ESCAMBIA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEL Number
20-5846909

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

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

7. Name and Address of Current Registered Agent

Name
CHARLES FAIRCHILD

Street Address (P.O. Box Number is Not Acceptable)
3 W GARDEN ST

Suite, Apt. #, Etc.
618

City
PENSACOLA

State
FL

Zip Code
32502

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Charles Fairchild* Date 10/10/07

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
P	RICHARD LaCOUR	501 COMMENDENCIA ST	PENSACOLA , FL 32502
VP	NANCY FETTERMAN	1449 PLAYERS CLUB DRIVE	GULF BREEZE, FL 32561
S	MALCOM BALLINGER	41 N JEFFERSON ST, STE 218	PENSACOLA, FL 32502
T	CHARLES FAIRCHILD	3 W GARDEN ST., STE 618	PENSACOLA, FL 32502

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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 contained in Chapter 119, 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: *Charles Fairchild* CHARLES FAIRCHILD 10-10-07 850-433-5645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/15/07