PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. DIVISION OF CORPORATIONS 99 JUL 22 PM 1:27 DOCUMENT # N44790 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA SOUTHEASTERN TRIBE OF MYSKOKE INDIANS, INC. Principal Place of Business Mailing Address 2181 FRIRCHILD ST 2131 FAIRCHILD ST PENSACOLA, Fl. 32504 PENSACOLA, FI 32504 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 Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-2720194 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Title(s) City / State / Zip 20750 CO. RD. 64 ROBERTSDALE, AL 36567 PO CHARLES A JONES SR. ROBERTS DALF AL 36567 S D DEBORAH L. JONES 26418 ARD RD ROBERTSDALE, AL 36562 PATRICIA HUNT 2131 FAIRCHILD ST PENSACOLA, FI. 32504 TD ROBERTS DALE AL 36569 CHARLES A. JONES II 26418 ARD RD 800002940608--1 07/23/99--01034--016-****122.50 ****122.50 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent CHARLES A. JONES II. 26418-ARD RD. 0131 Faircheld St Street Address (P.O. Box Number is Not Acceptable) 3655 Thensacola, F1 Suite, Apt. #, Etc 32504 City State | Zip Code 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 Date REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) No 🗆 Yes 🔲 Intangible Personal Property Tax due June 30. 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)(i), F.S. The information indicated ate, and my signature shall have the same legal effect as if made under oath. on this application is true and accu TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 334-964-5427 SIGNATURE:

Daytime Phone