

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 25 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **735474**

1. Corporation Name

**EVER'MAN NATURAL FOODS CO-OP, INC.**

Principal Place of Business

315 W GARDEN ST  
PENSACOLA FL 32501

Mailing Address

315 W GARDEN ST  
PENSACOLA FL 32501

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/05/1976

5. FEI Number

59-1726593

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
T	CULLIGAN, KERRY	5617 PONTE VERDE RD	PENSACOLA FL 32507
P	MOHON, BARBARA	208 NAVARRE ST	GULF BREEZE FL 32561
D	<del>HINEO, ANN</del> DANIELS, HEIDI	<del>5116 TRENTON DRIVE</del> 221 CEVALLAS STREET	<del>PAGE FL 32571</del> PENSACOLA, FL 32501
D	WILLEY, JOHN	4701 TIMERLAND DRIVE	PAGE FL 32571
D	LOMASNEY, ANNA	911 E BURGESS ROAD #3	PENSACOLA FL 32504
VP	STANFORD, ED J	3343 WELLINGTON ROAD	PENSACOLA FL

8. Name and Address of Current Registered Agent

KOPACK, DANIEL, JR3  
316 BAYLEN ST  
STE 200  
PENSACOLA FL 32501

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

700008603157  
10/25/02--01129--003 \*\*236.25

FL

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/22/02

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

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/02 (850) 476-6076

CR2E040 (8/02)



A COOPERATIVE GROCERY

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

October 23, 2002

D Pam Heinold 6406 Antietam Drive Pensacola, FL 32503

D Stephen Kier PO Box 11337 Pensacola, FL 32524

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