PL	EASE	READ	ALL	INST	RUCT	IONS	BEFORE	COMP	LETING	THIS	FORM.
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APPLIGATION F.OR : REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS FILED

01 NOV 26 PH 3: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 539362

1. Corporation Name

PENSACOLA ROPE COMPANY, INC.

Principal Place of Business	Mailing A	ddre

PENSACOLA ROPE CO. INC. CONFERENCE ROAD

PENSACOLA ROPE CO. INC. CONFERENCE ROAD



	FERENCE RD	P O BOX 72	1							
GONZALEZ	? FL 32560	N FL 32534				B. 24	• /TY	\sim		
US			1	DEINS	TATEME	N	. <i>(</i>	1) (1)		
	ddresses are incorrect in any way, line the				KP 1880	9949 ===		هريلين	254	
2. New Prir	ncipal Office Address, If Applicable	3. New Mailir	ng Office Address, If	Applicable	4. Date Incorporated or Qualified To Do Business in Florida 07/14/1977				77	
Suite, Apt. #	ŧ, etc	Suite, Apt. #,	作のなる	and the same of th			07/14/1977			
		1 10 100	K 842		5. FEI Number				Applied For	
City & State	•	City & State	PZ.FL		<u></u>	59-1754885			Not Applicable	
Zip	Country	Zip	Zip Country 32560-0895 US			 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status 				
7. Names a	and Street Addresses of Each Officer and	or Director (Flor	ida nonprofit corpora	tions must list at lea	ast 3 directors)		_	•		
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip				
1 ``	2	3			4					
: SD ·	CLARKSON, BOBBY S.		1070 CONFERENCE RD			GONZALEZ FL				
-PTD	-CLARKSON, GENE-P-	1 070 CONFERENCE RD			GONZALEZ FL 32560					
PTSD	Fields, Thomas	W	1070 Con	ference f	Rd	Gonzale	z, F	·L 32	2560	
	ŕ				<u>'</u> =,r	000473	339	345		
į						-12/20/01 ****900.	01 00	.024 ****	-005 800.00	
-										
	8. Name and Address of Current	Registered Age	nt		9. Name and A	ddress of New Regis	tered A	gent		
				Name					1	
CI ÃR	KSON, GENE P		TOM FIELDS							
	CONFERENCE RD			(P.O. Box Number is Not Acceptable) CONFENERCE POAD				925040		
	ALEZ FL 32560		Suite, Apt. #, Etc.							
			O't-			State	13:-0 :			
			CANTONI	MENT			Zip Cod 3ンS			
10. I, being	appointed the registered agent of the abo	ove named corpo	ration, am familiar wi	th and accept the of	bligations of Section	on 607.0505, F.S.				

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 filling 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 of Registered Agent

REGISTERED AGENT MUST SIGN