

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS



96 AR

0

FILED

97 JAN -2 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 611708

1. Corporation Name

OLD PIONEER PROPERTIES, INC.

Principal Place of Business

Mailing Address

6450 HERMITAGE DR
PENSACOLA FL 32504

6450 HERMITAGE DR
PENSACOLA FL 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

4. Date Incorporated or Qualified
To Do Business In Florida

03/05/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

26-7386717

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	HIGDON, JERRY W SR	6450 HERMITAGE DR	PENSACOLA FL
DST	HIGDON, PATRICIA SUE	6450 HERMITAGE DR	PENSACOLA FL

300002045933--2
-01/03/97--01176--001
****200.00 ****200.00

[Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HIGDON, JERRY W
6450 HERMITAGE DR
PENSACOLA FL 32504

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

[Signature of Jerry W Higdon]
REGISTERED AGENT MUST SIGN

Date 12-29-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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 of Jerry W Higdon]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-96

Date

904-476-6544

Daytime Phone #

CR2E040 (7/96)

December 29, 1996

(2)

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Attention: Leslie Sellers

Dear Mrs. Sellers:

This letter is to confirm our phone conversation stating I received no notices except the dissolution notice about "Old Pioneer Properties, Inc.", document # 611708.

And, I respectfully request that you waive the reinstatement fee.

Enclosed is the completed form and my Check # 8887 in the amount of \$200⁰⁰ for the annual report fee and Corporate Supplemental Fee.

Thank you for your consideration.

Sincerely,
Lenny W. Sigdon, Jr.

PRESIDENT,
OLD PIONEER PROPERTIES, INC.