


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| <b>CORPORATION<br/>REINSTATEMENT</b>   |  |  <b>FLORIDA DEPARTMENT OF STATE<br/>Katherine Harris<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |  |
| <b>DOCUMENT # 705303</b>   |  |   |  |
| <b>1. Corporation Name</b><br><b>BRENT RECREATION ASSOCIATION, INC.</b>  |  |   |  |
| <b>2. Principal Office Address</b><br>500 BAYLISS COURT<br>Suite, Apt. #, etc.<br>P.O. Box 6101<br>City & State<br><b>Pensacola, FL 32503</b><br>Zip<br><b>32503</b> Country<br><b>USA</b> |  | <b>3. Mailing Office Address</b><br>500 BAYLISS COURT<br>Suite, Apt. #, etc.<br>P.O. Box 6101<br>City & State<br><b>Pensacola, FL 32503</b><br>Zip<br><b>32503</b> Country<br><b>USA</b>      |  |

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TALLAHASSEE, FLORIDA

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|--|---|
| <b>4. Date Incorporated or Qualified<br/>To Do Business in Florida</b><br>03/05/1993 | Applied For<br>Not Applicable                                 |
| <b>5. FEI Number</b><br>59-0371490   |   |
| <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>                     | \$8.75 Additional Fee required<br>for a Certificate of Status |

|   |   |
|---|---|
| <b>7. Name and Address of Current Registered Agent</b>                        |   |
| Name<br><b>WINGARD, DON</b>   | 400003523884-5                              |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>5552 Glass Drive</b> | 01/04/01-01099-007<br>*****61.25 *****61.25 |
| Suite, Apt., #, Etc.  |   |
| City<br><b>Pensacola</b>  | State<br><b>FL</b> Zip Code<br><b>32505</b> |

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| <b>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.</b> |
| Signature of Registered Agent <u>Don Wingard</u> Date <u>12/12/2000</u>   |
| REGISTERED AGENT MUST SIGN  |

|  |                                   |  |                     |
|--|-----------------------------------|--|---------------------|
| <b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> |                                   |  |                     |
| Titles   | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip  |
| P  | WINGARD, DON                      | 5552 GLASS DRIVE                               | PENSACOLA, FL 32505 |
| VP   | BURT, JEANNE                      | 4422 DEAVILLE WAY                              | PENSACOLA, FL 32505 |
| D  | Luker, Don                        | 4621 Pebble Creek Drive                        | PENSACOLA, FL 32526 |
| D  | Woodard, Antanita                 | 901 Massachusetts Ave #66                      | PENSACOLA, FL 32505 |
| D  | Wingard, Ann                      | 5552 Glass Drive                               | PENSACOLA, FL 32505 |

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| <b>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 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.</b> |  |
| SIGNATURE: <u>Antanita L. Woodard</u>  | Date <u>12/12/00</u>   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   | Daytime Phone # <u>(850) 432-7231</u><br><u>(850) 941-5035</u> |

CR2001 (9/99)