

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 24 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705303

1. Corporation Name

Brent Recreation Association, inc

2. Principal Office Address

500 Bayliss CT

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32505

Country

USA

3. Mailing Office Address

7170 Woodside rd

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32526

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/08/1963

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Deatri A. Ikner

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

7170 Woodside Rd

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32526

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2/14/2005

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Deatri Ikner	7170 Woodside rd	Pensacola, FL 32526
T/D	Larry Young	4495 Cesswock	Pensacola, FL 32514
S/D	Cynthia Merkerson	438 Shiloh Dr	Pensacola, FL 32503

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.

SIGNATURE:

Deatri A. Ikner

12/14/2005

850-341-1655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (07/05)