

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 DEC 20 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 711425

1. Corporation Name The Greater PENSACOLA ARP  
Chapter # 364

2. Principal Office Address - No P.O. Box #

3010 N. 14th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

3010 N. 14th Ave

Suite, Apt. #, etc.

City & State

PENSACOLA FL

Zip

32503

Country

ESCAMIA

City & State

PENSACOLA

Zip

32503

Country

ESCAMIA

800188860798

12/20/10--01041--004 \*\*297.50

09-10

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

69-6181592

☐ 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

BONNIE HARDY

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

3010 N. 14th Ave

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32503

REINSTATEMENT

18  
12/21

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

Bonnie R. Hardy

Date 17 Dec. 2010

REGISTERED AGENT MUST SIGN

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
Pres.	BONNIE HARDY	3010 N. 14th AVE	PENSACOLA FL 32503
V. pres.	Juanita Clark	8108 Price St	Pensacola FL 32534
Sec.	Mary Bennie	2214 N. 12th Ave	Pensacola FL 32503
A. sec.	Ethel Elliott	1932 E. Fisher St	Pensacola FL 32503
T.	Treasurer Bertha Agee	3016 Knottly Pine Dr	Pensacola FL 32509
H	Health: Helen Mathis	815 W. Blount St	Pensacola FL 32501

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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: Bonnie R. Hardy - Bonnie R. Hardy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 Dec. 2010  
Date

850-432-8231  
Daytime Phone #