

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 712404**

**1. Corporation Name**

Lend-a-Hand of Pensacola, Inc.

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

101 East Romana Street

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32502

Country

USA

**3. Mailing Office Address**

c/o Julia Sherelis, Nixon Peabody

Suite, Apt. #, etc.

1100 Clinton Square

City & State

Rochester, New York

Zip

14603

Country

USA

**REINSTATEMENT 06-08**

CR2E081 (12/07)

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

03/14/1967

**5. FEI Number**

59-1644971

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**7. Name and Address of Current Registered Agent**

Name

Carol Thomas

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

101 East Romana Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32502

**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

*Carol Thomas*

Date

6-16-08

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
|        | See Attached Sheet                   | <i>6/25/08</i>                                    |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

500131893595  
06/25/08--01038--012 \*\*358.75

**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 contained in Chapter 119, 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:**

*Carol Thomas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-08

Date

850-  
435-8676

Daytime Phone #

**LEND-A-HAND OF PENSACOLA, INC.**  
**DOCUMENT NO. 712404**  
**CORPORATE REINSTATEMENT**  
**ATTACHMENT, ITEM 9**

**OFFICERS AND DIRECTORS**

Kevin Doyle, President/Director  
Tom Hartley, Vice President/Director  
Rebecca Boles, Vice President/Director  
Nicole Ellis, Treasurer/Director  
Carol Thomas, Secretary/Director  
Gracia C. Martore, Controller  
Todd Mayman, Esq., Assistant Secretary  
Christopher W. Baldwin, Assistant Treasurer