										2:		
PLEASE F * APPLICATION FOR REINSTATEMENT		READ A	FLORIDA DEPARTMI Katherine I Secretary of DIVISION OF CORP			NT OF STATE arris State	OMPLETING THIS FORM.					
DOCUME 1. Corporation Nar FRIENDS (C LIBRARY, INC.			SECRETARY OF STATE TALLAHASSEE, PLORIDA								
Principal Place of Business Mail 200 WEST GREGORY ST. PENSACOLA FL 32501			Mailing Addr Affenda SHAMON 900 No Pensou	ailing Address. Aftention: Ann McIntyre.			REINSTATEMENT 90°C					
2 New Principal Office Address, If Applicable 3. New Ma				ing Office Address, if Applicable			4. Date Incorp	orated or Qualified ness in Florida		04/197	73	
			Suite, Apt. #,	·			5, FEI Number	23-7368565		П	Applied For	
			City & State Zip Country			6.		58.75		Not Applicable		
			·			<u></u>	<u> </u>	E OF STATUS DESIRED	fen	a Cestió	cate of 50 day	
Title(s) 2	and Street Addresses of Each Officer and/or Director (Flo Name of Officers and/or Directors 2			3	Str	eet Address of Each licer and/or Director	n	City / State / Zip				
PD' Patty Veal				1266 Mahogany Mill Road				PENSACOLA FL AMON 32507				
TD MEN	MCMPYRE ANN V Gail Baer			1775 East Texar Drive				PENSACOLA FL-MANN 32.903				
					HIGGH	MARKE ROAD Con Road	•	PENSACOLA FL 3	6807	32	. 50 3	
I					Dos	vning Dr	PENSACOLA FL MANA 32.505					
							6	000030	381	<u> </u>	60	
	· · · · · · · · · · · · · · · · · · ·							-1170979 ****236		****	024 *236.25	
8.	Name and Addre					Name -		Address of New Regist	ered Ag	ent		
MCHITTHE MINY Gail F. Bar SOCHOHHPENTAVENDE 1775 E. Texas				ier ar Di	er CTail Street Address (P.O. 1745 E			F. Baer O. Box Number & Not Acceptable) Texar Drive				
DENSAGOLA	PL 100 01	Pensac	ola,Fl	_325	ひろ	Suite, Apt. #, Etc						
						Fensac	da		State FL	Zip Coc	503	
10. I, being appoin Signature of Registered Agent	ted the registered to	47.	e named corporate of the corporate of th	<u> </u>	()1	ith and accept the o	bligations of Sect	on 607.0505, F.S. Date				
this reinstatems owed by the co	nt application, the poration have been	reason for dissol n paid and the na	ution has been smes of individ	eliminated, luais listed o	the corpo on this for	orate name satisfies	the requirements an exemption un	apter 607 or 617, F.S. I of section 607.0401 or der section 119.07(3)(i)	617.040	1, F.S.,	that all fees	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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