

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 OCT 27 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 744732

1. Corporation Name

Pensacola Care, Incorporated

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

2115 W. Nine Mile Road

3. Mailing Office Address

2115 W. Nine Mile Road

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

2

City & State

Pensacola, Florida

City & State

Pensacola, Florida

Zip

32501

Country

USA

Zip

32501

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida 1978

5. FEI Number  
581858912

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

Fletcher Fleming

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

226 Palafox Place

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32598

☒ 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.

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

*Fletcher Fleming*  
REGISTERED AGENT MUST SIGN

Date

10/20/09

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
PD	Patricia N. Varner	4609 Ashland Way	Panama City, Florida 32404
VPD	Mary J. Hurst	13703 County Road 93 North	Lillian, Alabama 36549
DST	W.R. Armstrong	11103 Little Creek Lane	Pensacola, Florida 32506
D	Elizabeth Werre	4316 Whiteleaf Court	Pensacola, Florida 32504

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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:

*W.R. Armstrong*

W.R. Armstrong

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/2009

Date

(850) 476-6202

Daytime Phone #