PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JULY 02 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751597

REINSTATEMENT 91-01

1. Corporation Name: NORTHWEST TALLAHASSEE NEIGHBORHOOD ASSOCIATION

2. Principal Office Address	3. Mailing Office Address
1907 IVAN DR	1907 IVAN DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL	City & State: TALLAHASSEE, FL
Zip: 32303 Country: US	Zip: 32303 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 06/20/89

5. FEI Number: 59-2400905 ☐ 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: HAYNES A McDANIEL

000004474390--4
07/13/01--01047--008
****848.75 ****848.75

Street Address (P.O. Box Number is Not Acceptable): 1907 IVAN DR

Suite, Apt. #, Etc.:

City: TALLAHASSEE, FL 32303 State: FL Zip Code: 32303

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: Haynes A McDaniel Date: 06/30/01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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	ANN GORDEY	1827 AARON DR	TALLAHASSEE, FL 32303
V	WILLIAM CASTINE	1122 LINWOOD DR	TALLAHASSEE, FL 32304
V	KAY CASTINE	1122 LINWOOD DR	TALLAHASSEE, FL 32304
T	MONICA ANDERSON	1302 SAN LUIS RD	TALLAHASSEE, FL 32304
D	HAYNES A McDANIEL	1907 IVAN DR	TALLAHASSEE, FL 32303
D	ALLEN STUCKS	2414 MEXIA DR	TALLAHASSEE, FL 32304

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: Haynes A McDaniel HAYNES A McDANIEL 06/30/01 850 386 5945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #