

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC -7 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760023

1. Corporation Name

Painhandle Darting Association, Inc.

Principal Place of Business

Mailing Address

1333 Pine Forest Rd. #53
Pensacola, Florida 32526

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

9-14-81

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2890487

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Bonnie Davis	1333 Pine Forest Rd. #53	Pensacola, Florida 32526
D	Stephanie Browne	2520 Crockett Rd.	Cantonment, Florida 32533
D	Jerry Ross	5195 Mifflin Avenue	Pensacola, Florida 32526
			300002708243--4 12/18/98 01805-005 ****236.26 ****236.26
			REINSTATEMENT <u>98</u> <u>12/8/98</u>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Bonnie Davis
Street Address (P.O. Box Number is Not Acceptable) 1333 Pine Forest Rd. #53
Suite, Apt. #, Etc. Pensacola
City Pensacola State **FL** Zip Code 32526

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Bonnie Davis Bonnie Davis

REGISTERED AGENT MUST SIGN

Date Nov. 17th, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No N/A

(See other side for information on intangible tax.)

12. 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:

Bonnie Davis Bonnie Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-98
Date

850-944-3781
Daytime Phone #

CR6E046 (1/98)