

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

DOCUMENT # 769895
 1. Corporation Name ENSLEY FOOTBALL ASSOCIATION

98 OCT 16 PM 3:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
551 EAST NINE MILE PENSACOLA, FL. 32504 P.O. BOX 7125 PENSACOLA, FL. 32604

REINSTATEMENT

90-98

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

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
1989 ?

5. FEI Number
27-14-020414-07 Applied For Not Applicable

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>PRES.</u>	<u>PATTY WOODSON</u>	<u>2814 RESSE LANE, Cantonment, FL</u>	<u>CANTONMENT, FL. 32555</u>
<u>V. PRES.</u>	<u>JIMMY BATCHLOR</u>	<u>8587 COVE AVE.</u>	<u>PENSACOLA, FL. 32534</u>
<u>SECRETARY</u>	<u>ANNISA STONE</u>	<u>2283 PATCHWOOD DR.</u>	<u>PENSACOLA, FL. 32514</u>

10000266851-6
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8. Name and Address of Current Registered Agent
PATTY WOODSON
2814 RESSE LANE
CANTONMENT, FL. 32533

9. Name and Address of New Registered Agent
 Name
PATTY WOODSON
 Street Address (P.O. Box Numbers Not Acceptable)
2814 RESSE LANE
 Suite, Apt. #, Etc.
 City
CANTONMENT State FL Zip Code 32533

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 Patty Woodson Date 9/22/98
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (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: Patty Woodson Patty Woodson 9/22/98 850-432-1378
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)