

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F06000000481

1. Corporation Name

SCJ of Northwest Florida, Inc.

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

514 N. Baylen

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32501

Country

USA

3. Mailing Office Address

514 N. Baylen

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32501

Country

USA

7. Name and Address of Current Registered Agent

Name

Braden K. Ball, Jr.

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

226 Palafox Place

Suite, Apt. #, Etc.

Ninth Floor

City

Pensacola

State

FL

Zip Code

32502

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

*Braden K. Ball, Jr.*

REGISTERED AGENT MUST SIGN

Date

1/20/10

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
DPS	Stephan C. Jordan	514 N. Baylen Street	Pensacola, Florida 32501

10. E-mail Address: bball@sheliffleming.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/10

Daytime Phone #

432-0283

FILED

10 JAN 29 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

700167536377  
01/29/10--01027--021 \*\*450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

1/26/06

5. FEI Number

860879270

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.