

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # J48966

1. Corporation Name
OCTOBER 16, INC.

Principal Place of Business
P.O. BOX 1952
PENSACOLA FL 32589

Mailing Address
P.O. BOX 1952
PENSACOLA FL 32589

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	12/29/1986
5. FEI Number	59-2747651
Applied For	<input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

FILED

97 MAR 24 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 96497
mwb

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
PTD	PHELPS, J. FRASIER II	6120 PENSACOLA BLVD	PENSACOLA FL
VSD	PHELPS, TRACY ANN	6120 PENSACOLA BLVD	PENSACOLA FL

500002124435-0
-03/26/97-01047-006
***915.00 ***915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PHELPS, TRACY A
6120 PENSACOLA BLVD.
PENSACOLA FL 32505

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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 *Tracy Phelps* Date **3-20-97**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Tracy Phelps*, VICE-PRESIDENT Date **3-20-97** Daytime Phone # **904-477-1111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (7/96)