PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State 9097
DIVISION OF CORPORATIONS

97 SEP 26 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P84154

1. Corporation Name

Jeanne Pullum Properties, Inc.

W97 21143

Principal Place of Business / Mailing Address

E. H. Pullum Trust Company
P.O. Box 5070
Pensacola, Florida 32566

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

**REINSTATEMENT** 9097

DO NOT WRITE IN THIS SPACE

| 2. New Principal Office Address, If Applicable | 3. New Mailing 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: 4/26/89

5. FEI Number: 59-2953936 — 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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City State Zip 4 |
|---|---|---|---|
| D,P,T,S | Jeanne Pullum | 2845 Pebble Beach Dr. | Navarre, Florida 32566 |
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8. Name and Address of Current Registered Agent

Moorhead, Stephen R.
700 South Palafox Street
Suite 3-C
Pensacola, Florida 32501

9. Name and Address of New Registered Agent

Name: Jeanne Pullum
Street Address (P.O. Box Number is Not Acceptable): 2160 Hwy. 87
Suite, Apt. #, Etc.:
City: Navarre | State: FL | Zip Code: 32566

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: Jeanne Pullum — REGISTERED AGENT MUST SIGN — Date: 9-9-97

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.)

*) I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation or the receiver, trustee or other court appointed fiduciary 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.