

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 # **L57276**

1. Corporation Name
East Pensacola Heights Cyclery, Inc.

Principal Place of Business

Mailing Address

**3009 Gadsden St.
Pensacola, FL 32501**

**P.O. Box 30316NA
Pensacola, FL**

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

2. New Principal Office Address, If Applicable
2929 E. Langley Ave.

3. New Mailing Office Address, If Applicable
P.O. Box 30316

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.

City & State
Pensacola, FL

City & State
Pensacola, FL

Zip **32504** Country **USA**

Zip **32503** Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

3/15/90

5. FEI Number

59-2999044

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 94-97

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
P/S/T	Robert L. Baker	2929 E. Langley Ave. #101	Pensacola, FL 32501

700002209407-7
-06/11/97--01121--015
*****1253.75 ***1253.75**

6/6/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Robert L. Baker
3009 Gadsden Street
Pensacola, FL 32501

Name

Robert L. Baker

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

2929 E. Langley Avenue

Suite, Apt. #, Etc.

Suite #101

City

Pensacola

State

FL

Zip Code

32504

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/6/97

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.)

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT L. BAKER

6/6/97

Date

(904)
494-2214

Daytime Phone #