

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

JAN - 6 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000004726

1. Corporation Name
Governor's Front Porch Revitalization
Council of Pensacola, Inc.
1040 Guillermard Street
Pensacola, FL 32501

2. Principal Office Address
1040 Guillermard St.

3. Mailing Office Address
1040 Guillermard St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pensacola, FL

City & State
Pensacola, FL

Zip
32501

Country
US

Zip
32501

Country
US

300028057833
02/02/04--01092--019 **367.50

**4. Date Incorporated or Qualified
To Do Business in Florida** 07/02/01

5. FEI Number
59-3736226

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MALCOLM MCCORVEY

Street Address (P.O. Box Number is Not Acceptable)
1916 MARTIN LUTHER KING DR.

Suite, Apt. #, Etc.
FL.

City
PENSACOLA

State
FL

Zip Code
32503

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: MALCOLM MCCORVEY

Date: 12-28-03

REGISTERED AGENT MUST SIGN

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
Chair	MALCOLM MCCORVEY	1916 MARTIN LUTHER KING	PENSACOLA, FL 32503
Vice Chair	JOE GARDNER	P.O. Box 2954	Pensacola, FL 32513
Board Member	RITA JONES	P.O. Box 2315	Pensacola, FL 32513

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-28-03 850-968-8846

Date

Daytime Phone #

CR2E081 (10/02)