


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N01000005545			
1. Corporation Name <b>Pensacola Delta Enrichment Center, Inc.</b>			
2. Principal Office Address - No P.O. Box # <b>601 W. Belmont St.</b>		3. Mailing Office Address <b>P.O. Box 17032</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Pensacola, Florida</b>		City & State <b>Pensacola, Florida</b>	
Zip <b>32501</b>	Country <b>Escambia</b>	Zip <b>32522</b>	Country <b>Escambia</b>
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida <b>08/07/2001</b>	
Name <b>Rose M. George</b>		5. FEI Number <b>59-3739065</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1025 Palisade Road</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, Etc.		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City <b>Pensacola</b>		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. <b>00088285797</b> <b>02/14/07--01010--012 **378.25</b>	
State <b>FL</b>	Zip Code <b>32504</b>		
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 <i>Rose M. George</i>		Date <b>01/26/2007</b>	
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
D	(c) Alexa Canady	6064 Forest Green Rd.	Pensacola, FL 32505
D	(s) Maggie Thornton	10624 MacGregor Dr.	Pensacola, FL 32514
D	(m) Elbert Jones	324 W. Strong St.	Pensacola, FL 32501
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 contained in Chapter 119, 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: <i>Alexa Canady</i>		Date <b>01/26/2007</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Alexa Canady</b>		Daytime Phone # <b>850 4777091</b>	

Cover Letter  
PaxLol

In reference to Block # 6, we would like to have the certificate of status mailed to the address below:

Rose M. George  
1025 Palisade Road  
Pensacola, FL 32504

Thank you