

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 19 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000007606

1. Corporation Name

Emerald Coast Sertoma
1333 College Parkway #147
Gulf Breeze, FL 32563

400033096514
04/19/04--01074--014 **306.25

2. Principal Office Address

1333 College Parkway

3. Mailing Office Address

Same

Suite, Apt. #, etc.

#147

Suite, Apt. #, etc.

Same

City & State

Gulf Breeze,

City & State

Same

Zip

32563

Country

USA

Zip

Same

Country

Same

**4. Date Incorporated or Qualified
To Do Business in Florida** 10/24/2001

5. FEI Number
20-0998165

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

Mike Rogers

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

70 N. Baylen Street

Suite, Apt. #, Etc.

City

Pensacola

State
FL

Zip Code
32501

REINSTATEMENT 02-04

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

Mike Rogers

REGISTERED AGENT MUST SIGN

Mike Rogers

Date *4/14/04*

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
P	Mike Rogers	70 N. Baylen Street	Pensacola, FL 32501
T	Irene Horton	900 N. 12th Avenue	Pensacola, FL 32501
S	Patti Bouthilet	3895 Bay Wind Drive	Gulf Breeze, FL 32563

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:

Irene Horton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irene Horton

4/14/04
Date

(850)

435-8300
Daytime Phone #

CR2E081 (01/04)

TR