

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAR -1 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005967

1. Corporation Name

COTTONDALE PROGRAMMING ASSOCIATION, INC.

REINSTATEMENT 05-06

2. Principal Office Address 3121 Hwy
90, Marianna, Fl 32446

3. Mailing Office Address 3121 Hwy 90
Marianna, Fl 32446

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/05/02

5. FEI Number

30-0103950

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

05-06

7. Name and Address of Current Registered Agent

Name

Pelvo White, Jr

3121 Hwy 90, Marianna, Fl 32446

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Pelvo White, Jr

REGISTERED AGENT MUST SIGN

Date 02-11-06

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	Pelvo White, Jr.	3121 Hwy 90	Marianna, Florida 32446
D	Linda R. White-	3121 Hwy 90	Marianna, Florida 32446
D	Pelvo White, Sr.	2657 B Hwy 73 South	Marianna, Florida 32448
///	////////////////////	///END////////////////////	////////////////////

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:

Pelvo White, Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pelvo White, Jr 02-11-06 (850) 352-4739

Date

Daytime Phone #

PELVO WHITE, JR.

2072
3121 HIGHWAY 90
MARIANNA, FLORIDA 32446

Phone (850) 526-1331

February 22, 2006

Division Of Corporations
Annual Report / Uniform Business Report Section,
P.O. Box 6327,
Tallahassee, Florida 32314

In re: Request For Waiver Of Reinstatement Fees

Greetings:

I am hereby requesting a waiver of reinstatement fees because I did not receive the annual report notices in the year 2005 which was the year of dissolution / revocation. I have enclosed the reinstatement fee you quoted see attached copy of your letter dated February 17, 2006) in the amount of \$ 122.50. Thank you very much.

Truly,


Pelvo White, Jr.