

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

113

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 NOV 27 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000005188

1. Corporation Name

Beulah Firefighters community
Improvement Association, INC

2. Principal Office Address 6400

West nine mile Rd

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

PENSACOLA FL

Zip

32526

Country

Escambia

Zip

32526

Country

Escambia

8/07/06 90043 040 70.00

REINSTATEMENT GR2E081 (12/05)

06

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

5. FEI Number

743152502

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

Gregory S. Rodrigue

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

8775 Rebel Rd

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32526

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

Gregory S. Rodrigue

REGISTERED AGENT MUST SIGN

Date 11-16-06

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	Gregory S. Rodrigue	8775 Rebel Rd	Pen, FL 32526
V	Jason Lambeth	9929 Eleral Rd	Pen, FL 32526
T	Phyllis Kercher	8701 Phelps LN	Pen, FL 32526
S	Joyce Robinson	7450 La-Quintard	Pen, FL 32526
M	David White	10465 TOWER RIDGE Rd.	Pen, FL 32526
M	Beau Rodrigue	8655 Rebel acres Ln.	Pen FL 32526

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:

Gregory S. Rodrigue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-06

Date

Daytime Phone #

11/27/06

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2/3

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Date

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Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
M	Ken Kercher	4069 Erika Ct.	Pen, FL 32526
M	Yancy McNaair	6633 Frank Reeder Rd	Pen, FL 32526

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Date

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The FEES WERE PAID ON 7-31-06
CHECK # 1095.

THE FORM WAS RETURNED due to
OMISSIONS, UPON RECEIVING FROM
U.S. MAIL, FORM CORRECTED WITH
FEI NUMBER AND NEW MEMBERS.

Thank you.
Gavin Price II
GAVIN P. PRICE II
8509441954
8505543649