

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILE NO

14 DEC -4 AM 10:39

SECRETARY OF STATE  
PAID 1/15/07 FLORIDA

DOCUMENT # NO 7000005873

1. Corporation Name EBONWOOD HOMEOWNERS & NEIGHBORHOOD  
WATCH COMMUNITY INC

2. Principal Office Address - No P.O. Box #

3511 WEST SCOTT ST.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 16607

Suite, Apt. #, etc.

City & State

PENSACOLA, FL 32505

Zip

32505

Country

U.S.A

City & State

PENSACOLA, FL 32507

Zip

32507

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

JUNE 12, 2007

5. FEI Number

N/A

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 WILLIE M. RANDERSON (P)

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

3415 W. YONGE ST.

Suite, Apt. #, etc.

City

PENSACOLA

State

FL

Zip Code

32505

100267117791  
12/04/14--01024--003 \*\*358.75

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

Willie M. Randerson

REGISTERED AGENT MUST SIGN

Date Oct 25, 2014

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
VP	JOHN CHANDLER	3413 WEST HERNANDEZ ST.	PENSACOLA, FL 32505
T	VELMA WILLIAMS	3407 WEST JORDAN ST.	PENSACOLA, FL 32505
S	LAVETOR MOORE	3400 WEST YONGE ST.	PENSACOLA, FL 32505
F.S	VICKI YELDER	3401 WEST SCOTT ST.	PENSACOLA, FL 32505
<b>REINSTATEMENT</b>		DEC 04 2014	
		R. HUNT	

10. E-mail Address: devell42@bellsouth.net

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Willie M. Randerson

Willie M. Randerson 10/25/14

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Signature Phone #

850/433-7205