

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2022 OCT -4 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FL

100395519151
10/04/22 --01028--001 \$236.25

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 03/02/2011

5. FEI Number 45-899451
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 Elizabeth McDonald
Street Address (P.O. Box Number is Not Acceptable)
300 West Leonard Street
Suite, Apt. #, Etc.

REINSTATEMENT

-2022

City Pensacola State FL Zip Code 32501

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

Elizabeth McDonald
REGISTERED AGENT MUST SIGN

Date 9/23/2022

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	Tinnia Stokes	8821 Camshire	Pensacola FL 32507
VP	Kandee Johnson	2145 English Meadows	Pensacola FL 32507
T	Colleen Vert	8826 Mary Fleming	Pensacola FL 32507

10. E-mail Address: emcdonald@pensacolamobilityat.org
(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.617.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #