

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N22633**

1. Corporation Name

THE ESCAMBIA COALITION ON THE HOMELESS, INC.

Principal Place of Business

Mailing Address

711 UNDERWOOD AVE
506 D
PENSACOLA FL 32504
US

PO BOX 17222
PENSACOLA FL 32522
US

If above addresses are incorrect in any way, line through or correct information and enter correct line below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number)	4 City / State / Zip
OP	AMENDOLARE, WILLIAM	2001 NORTH 'H' ST	PENSACOLA FL
DT	MILLIGAN, CAROLYN	8190 PENSACOLA BLVD.	PENSACOLA FL
DV	FARRAR, CYNTRHIA	3421 OAKMONT DR	PENSACOLA FL
SD	BOSWELL, THRESA	8800 REDWING DR	PENSACOLA FL

8. Name and Address of Current Registered Agent

AMENDOLARE, WILLIAM
2001 NORTH 'H' ST
PENSACOLA FL 32501

Name

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

Suite, Apt. #, Etc

City

State | Zip Code
FL |

9. Name and Address of New Registered Agent

*****8.75 *****8.75

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

William Amendolare
REGISTERED AGENT MUST SIGN

Date

1/25/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

William Amendolare
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

Date

1-880-469-3467
Dial-a-Phone #

53 APR 14 PM 1:41

STATE HALL AT TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

09/23/1987

5. FEI Number

59-2909065

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

CR2ED00 (9/98)