

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 27 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22650

1. Corporation Name

MARTIN LUTHER KING, JR., COMMEMORATIVE CELEBRATION COMMITTEE OF PENSACOLA, INC.

Principal Place of Business

Mailing Address

29 SOUTH SPRING STREET
PENSACOLA FL 32501

29 SOUTH SPRING STREET
PENSACOLA FL 32501

If above addresses are incorrect in any way, line through incorrect information and enter correction 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

REINSTATEMENT

4. Date incorporated or Qualified To Do Business in Florida

09/23/1987

5. FEI Number

59-2862808

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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	4. City / State / Zip
ED	YOUNG, JAMES S., DR.	800 W. LEE STREET	PENSACOLA FL 32505
TD	COLEMAN, WILLIE M	1611 EAST FISHER	PENSACOLA FL 32503
PD	BROWN, EUGENE	1504 YAWL CIRCLE	PENSACOLA FL 32505
VPD	JACKSON, ROBERT L	610 SPENCER AVENUE	PENSACOLA FL 32514
CS	CARTLEDGE, JEWELL A	2403 CAVALLA LOOP	PENSACOLA FL 32516
D	FREEMAN, RICKY L	8115 N. DAVIS HWY, SUITE 145	PENSACOLA FL 32514
	Bryant, Myles Elder	720 Smiley AVENUE	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWN, EUGENE
1504 YAWL CIRCLE
PENSACOLA FL 32505

Name

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

Suite, Apt. #, Etc.

City

000003035420--3

-11/04/99--01082--001

***236.25 State ***236.25

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of Registered Agent

Eugene Brown

REGISTERED AGENT MUST SIGN

Date OCT 11 99

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., 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene Brown

Date

Daytime Phone #

OCT 11 99 850-934-2421

KE