

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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

Zip

Country

Zip

Country

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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City/State/Zip |
|----------|-----------------------------------|--|--------------------|
| 1 | 2 | 3 | 4 |
| 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 32526 |
| D | BRYANT, MYLES ELDER | 720 SMILEY AVENUE | PENSACOLA FL 32514 |

8. Name and Address of Current Registered Agent

BROWN, EUGENE
1504 YAWL CIRCLE
PENSACOLA FL 32505

9. Name and Address of New Registered Agent

Name

Eugene Brown

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

1504 Yawl Circle

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32505

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

X Eugene Brown

REGISTERED AGENT MUST SIGN

Date X 12-28-2000

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)(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:

X Eugene Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 12-28 2000 X 858-4342431

Date

Daytime Phone #

CR20040 (8/00)