PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL -6 AM 8:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N29741

1. Corporation Name

Century Chamber of Commerce

09/10/03 90067 056 613

2. Principal Office Address	**3.** Mailing Office Address
7811 N Century Blvd.	P.O. Box 857
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Century, Fl	City & State: Century, Fl.
Zip: 32535 Country: Escambia	Zip: 32535 Country: Escambia

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-2931610 ☐ 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

200038492522
07/01/04 01007 002 **236.25

Name: Benny Barnes

Street Address (P.O. Box Number is Not Acceptable): 619 4th St.

Suite, Apt. #, Etc.:

REINSTATEMENT 03-04

City: Century | State: FL | Zip Code: 32535

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: Benny E Barnes Date:

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	Benny Barnes	619 4th St.	Century, Fl. 32535
V	Brenda Cox	631 Bluff Springs Rd.	Century, Fl. 32535
S	Karen Rutherford	401 Champion Dr.	McDavid, Fl. 32568
T	Lisa Garrison	226 Madrid Rd.	Cantonment, Fl. 32533
D	Lori Armanti	6080 Industrial Blvd.	Century, Fl. 32535
D	Rev. Willie Carter	100 Highway 4-A	Century, Fl. 32535

10. 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: [signature] 6/10/04 (851) 256-3461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Additional directors:

Title:	Name Officers	Street Address	City/ State/ Zip
D	Mark Faulkner	221 S Main St.	Jay, Fl. 32565
D	Catherine Jeter	717 Old Highway 31	Flomaton, Al. 36441
D	Angie Kelley	501 E Bogia Rd.	McDavid, Fl. 32568
D	Don Ripley	6020 Industrial Blvd.	Century, Fl. 32535
D	Lee Robinson	11424 High Springs Rd.	Pens. Fl. 32534