

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG -5 PM 4:49

DOCUMENT # 1146815

1. Corporation Name
Beulah Senior Citizens Center, Inc

2. Principal Office Address - No P.O. Box #

7425 Woodside Dr

Suite, Apt. #, etc.

3. Mailing Office Address

7425 Woodside Dr

Suite, Apt. #, etc.

City & State

Pensacola FL

Zip 32526 Country Escambia

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Pensacola FL

Zip 32526 Country Escambia

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1-13-1992

5. FEI Number

59-3126817

☐ 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

Marjorie W. Macks

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

7425 Woodside Dr

Suite, Apt. #, Etc

City Pensacola

State FL

Zip Code 32526

600183945306
08/03/10--01006--014 **568.75

600183945306
07/19/10--01032--019 **43.75

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

Marjorie W. Macks
REGISTERED AGENT MUST SIGN

Date 7-28-10

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	Marjorie W Macks	7425 Woodside Dr	Pensacola, FL 32526
V	Annette Carroll	7425 Woodside Dr	Pensacola, FL 32526
ST	Sherry Anthony	7425 Woodside Dr	Pensacola, FL 32526

REINSTATEMENT 04-10

10. E-mail Address: mamacks@bellsouth.net

(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., 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.

SIGNATURE: Marjorie W. Macks Marjorie W. Macks

7-28-10

850-941-6057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #