

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 19 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

THE BLOCK D TOWNHOM
ASSOCIATION, INC.

N92000000630

2. Principal Office Address

22 A Via De Luna Drive

Suite, Apt. #, etc.

3. Mailing Office Address

22 A Via De Luna Drive

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32561

Country

USA

Zip

32561

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/7/1992

5. FEI Number

59-3210255

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Joseph M. Endry

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

22 A Via De Luna Drive

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32561

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

Date

REGISTERED AGENT MUST SIGN

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
DP	Mary Edna Logan	181 Russ Drive	Gulf Breeze, FL 32561
DV	Pam Elliott	167 Russ Drive	Gulf Breeze, FL 32561
DST	Joseph M. Endry	22 A Via DeLuna Drive	Pensacola, FL 32561

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)(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
Joseph M. Endry

Date

Daytime Phone #

8/13/04

CR2081 (01/04)