PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUL 20 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N 93000002898

1. Corporation Name
District Nine, Inc.

Principal Place of Business | Mailing Address

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
420 S. Alconiz Street	420 S. Alconiz Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, FL	City & State: Pensacola, FL
Zip: 32501 Country	Zip: 32501 Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/23/93

5. FEI Number: 59-3187584 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Tom Jordan	420 S. Alconiz Street	Pensacola, FL 32501
Treas	Rob Brooks	10 Hollywood Blvd, SE	Ft Walton Beach, FL 32548
D	Lisa Weeks	P.O. Box 803 n/a	Milton, FL 32572
D	Gene Jorgenson	10 Hollywood Blvd, SE	Ft Walton Beach, FL 32548
D	Cherry Creekmore	1123 Harrison Avenue	Panama City, FL 32401
D	Tim Hatcher	470 N. Main Street	Crestview, FL 32536
D	Becky Evans	8851 Navarre Parkway	Navarre, FL 32566
D	Willie Mae Stanbury	420 S. Alconiz Street	Pensacola, FL 32501

8. Name and Address of Current Registered Agent

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T3. 7/22

9. Name and Address of New Registered Agent

Name: George Bailey
Street Address (P.O. Box Number is Not Acceptable): 420 S. Alconiz Street
Suite, Apt. #, Etc.:
City: Pensacola | State: FL | Zip Code: 32501

CR2E040 (1/98)

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: G. Bailey
REGISTERED AGENT MUST SIGN
Date: 7/16/98

11. This corporation ~~owes or has paid the current~~ year Intangible Personal Property tax due June 30. Not Required Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Robert D. Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #