PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 14 AM 6:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003

DOCUMENT # **N93000002898**

1. Corporation Name

DISTRICT NINE, INC.

Principal Place of Business	Mailing Address
10 HOLLYWOOD BLVD. S.E. FT WALTON BEACH FL 32548	10 HOLLYWOOD BLVD. S.E. FT WALTON BEACH FL 32548

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		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/23/1993

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HOFFMAN, LARRY	1339 B GREEN ACRES BLVD.	FORT WALTON BEACH FL 32547
T	HENKE, JANCE	2107 AIRPORT ROAD	PENSACOLA FL 32514
D	PETERSON, DALE E	321 HIGHWAY 98 E	DESTIN FL 32541
D	STECKBAUER, WILLIAM	702 S. TYNDALL PARKWAY	PANAMA CITY FL 32504
D	MORGAN, WARREN	8851 NAVARRE PARKWAY	NAVARRE FL 32566
D	BOWMAN, MARIE	592 S FERDON BLVD	CRESTVIEW FL 32539

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
STAFFORD, BARRY 10 HOLLYWOOD BLVD. S.E. FT WALTON BEACH FL 32548	Name Street Address (P.O. Box Number is Not Acceptable) 200024333872 Suite, Apt. #, Etc. 10/31/03--01056--011 **236.25 City / State FL / Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: Barry Stafford SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN

Date: 10-28-03

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: SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/03 — Date

850 674 4747 — Daytime Phone #