02/11/00 08:39 NO.401 005

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

98 2000 A12

APPROVED AND FILED

00 MAR -9 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #N94000001593

1. Corporation Name
Friends of Big Lagoon/Perdido Inc.

Principal Place of Business	Mailing Address
12301 Gulf Beach Hwy Pensacola Fl 32507	P.O. Box 34223-4223 Pensacola Fl 32507

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: 3-29-94

5. FEI Number: 59-3224820 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required

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	Bill Stromquist D	7263 Lago Vista Circle	Pensacola Fl 32526
V PRES	Gary Nichols D	5320 McCauley Blvd	Pensacola Fl 32507
SEC	Joe Stroup D	1529 Sandcliff Dr	Pensacola Fl 32507
TREAS	Kathleen D Bixel D	11300 Seaglades Dr	Pensacola Fl 32507
	Bixel		Fee waived pursuant to 617.0122 F.S. KB

8. Name and Address of Current Registered Agent

Scott Eggstad
1 Pamlico Circle
Pensacola Fl 32507

9. Name and Address of New Registered Agent

Name: Park Manager Phillip Leesen
Street Address (P.O. Box Number is Not Acceptable): 12301 Gulf Bch Hwy LB 1
Suite, Apt. #, Etc.: Big Lagoon St. Rec Area
City: Pensacola State: FL Zip Code: 32507

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: [signature] REGISTERED AGENT MUST SIGN

Date: 9-6-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: Kathleen D. Bixel 9/2/99 (850) 452-7642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #