

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

NOV 14 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001776

1. Corporation Name

ALAUQA WILDLIFE MANAGEMENT, INC.

Principal Place of Business

**1385 HAROLD AVE
PENSACOLA FL 32514**

Mailing Address

**1385 HAROLD AVE
PENSACOLA FL 32514**

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3232639

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	WHITTINGTON, ROLAND	1385 HAROLD AVE	PENSACOLA FL 32514
D	TURNER, PAT	6205 DALISA RD	MILTON FL 32583
D	EDGEUMBE, BILL	8525 KIPLING	PENSACOLA FL 32514

REINSTATEMENT

11/10/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WHITTINGTON, ROLAND
1385 HAROLD AVE
PENSACOLA FL 32514**

Name

Street Address (P.O. Box Number is not acceptable)

11/18/97-01046-003

Suite, Apt. #, Etc.

*****236.25 ***236.25**

City

State

FL

Zip Code

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

Roland Whittington

REGISTERED AGENT MUST SIGN

Date **11-10-97**

11. This corporation owes or has paid 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:

Roland Whittington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/97
Date Dayline Phone #

032E040 (8/97)