

NOV-26-01 MON 04:55 PM

FAX NO.

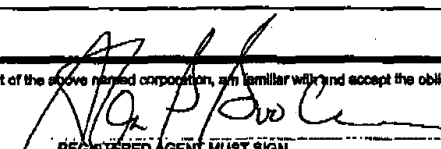
P. 02

(((H010001168193)))

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 27 AM 8:35

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000001897 1. Corporation Name SPRINGFEST, INC.			
2. Principal Office Address 25 West Cedar St. Suite, Apt. #, etc. Suite 510 City & State Pensacola, FL Zip 32501		3. Mailing Office Address 30 South Spring St. Suite, Apt. #, etc. City & State Pensacola, FL Zip 32501	
		4. Date Incorporated or Qualified To Do Business In Florida 04/01/1994	
		5. FEI Number 59-3237865	
		6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee Required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name ALAN B. BOOKMAN Street Address (P.O. Box Number is Not Acceptable) 30 South Spring Street Suite, Apt. #, Etc. City Pensacola			
		State FL	Zip Code 32501
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  REGISTERED AGENT MUST SIGN Date 11/26/01			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	PAUL CLOWE	9102 Moroso Dr.	Pensacola, FL 32506
DV	ED CARSON	2616 N. 12th Ave.	Pensacola, FL 32503
DS	LUCY QUECKBOERNER	3461 Carlotta St.	Pensacola, FL 32504
DT	CHUCK YOUNG	30 South Spring St.	Pensacola, FL 32501
DC	DONNA PREVATTE	4278 Brookside Dr.	Pensacola, FL 32503
			AD
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)(b), 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. Emmanuel Sheppard & Condon 1000 1st St., N.W., P.O. Box 32501 (850) 433-6581 CHARLES P. YOUNG "CHUCK" YOUNG 11/26/01 (850) 433-6581 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

(((H010001168193)))

NOV-26-01 MON 04:55 PM
Division of Corporations

FAX NO.

P. 01
Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000116819 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0384

From:
Account Name : EMMANUEL SHEPPARD & CONDON
Account Number : 072720000035
Phone : (850) 433-6581
Fax Number : (850) 434-7163

CORPORATION REINSTATEMENT

SPRINGFEST, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$245.00

Electronic Filing Menu

Corporate Filing

Public Access Help