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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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.

REINSTATEMENT 01

2. Principal Office Address		**3.** Mailing Office Address	
25 West Cedar St.		30 South Spring St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 510			
City & State		City & State	
Pensacola, FL		Pensacola, FL	
Zip	Country	Zip	Country
32501	USA	32501	USA

4. Date Incorporated or Qualified To Do Business In Florida: 04/01/1994

5. FEI Number: 59-3237865 ☐ Applied For ☐ Not Applicable

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

CR2E061 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	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)(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.

Emmanuel Sheppard & Condon
0 SIGNATURE Pensacola, FL 32501
(850) 433-6581

CHARLES P. "CHUCK" YOUNG 11/26/01 (850)433-6581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Florida Department of State

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

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Fax Number : (850)205-0381

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

CORPORATION REINSTATEMENT

SPRINGFEST, INC.

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