

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 15 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004310

1. Corporation Name

The Northwest Florida Planned Giving Council, Inc.

2. Principal Office Address - No P.O. Box #

100 College Boulevard

Suite, Apt. #, etc.

c/o James Chitwood

City & State

Niceville, FL

Zip

32578

Country

USA

3. Mailing Office Address

1000 College Boulevard

Suite, Apt. #, etc.

c/o Patrice S. Whitten

City & State

Pensacola, FL

Zip

32504

Country

USA

1800111493269
10/30/07--01025--024 **376.25
REINSTATEMENT 02-07
CR2E081 (1/07)
WSP

4. Date Incorporated or Qualified
To Do Business in Florida

8/29/1994

5. FEI Number

59-3268459

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

Jason E. Havens

Street Address (P.O. Box Number is Not Acceptable)

4400 East Highway 20

Suite, Apt. #, Etc.

Suite 211

City

Niceville

State

FL

Zip Code

32578



The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 September 3, 2007

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
P/D	Patrice S. Whitten	1000 College Boulevard	Pensacola, FL 32504
VP/D	Jason E. Havens	4400 East Highway 20, Suite 211	Niceville, FL 32578
S/D	Nitsi Bennett	99 Eglin Parkway, Suite 11	Fort Walton Beach, FL 32548
T/D	James Chitwood	100 College Boulevard	Niceville, FL 32578
D	Margie Mazur	5230 West Highway 98	Panama City, FL 32401
D	Bill Robinson	112 SE Tupelo Avenue	Fort Walton Beach, FL 32547

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jason E. Havens, VP/D

9/3/2007

Date

850-897-6733

Daytime Phone #