

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # N94000005230

1. Corporation Name

PROGRESSIVE ALLIANCE FOR COMMUNITY ECONOMIC DEVELOPMENT RESOURCES AND STRATEGIES, INC.

Principal Place of Business

Mailing Address

208 HART DR.  
PENSACOLA FL 32503

208 HART DR.  
PENSACOLA FL 32503

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

10/21/1994

5. FEI Number

59-3294369

Applied For

Not Applicable

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
PD	BOYD, LEROY	208 HART DR.	PENSACOLA FL 32503
VD	WALTON, RALPH	9033 EL MATADOR DR	PENSACOLA FL 32506
SD	OSBORNE, BRENDA F	6024 SONGBIRD AVE.	PENSACOLA FL 32501
TD	MALDEN, BRENDA	1008 TUNIS STREET	PENSACOLA FL 32503
D	BOYD, LAVESTA M	208 HART DR.	PENSACOLA FL 32503

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOYD, LEROY  
208 HART DR.  
PENSACOLA FL 32503

Name

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

Suite, Apt. #, Etc.

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

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/17/97 950 433440

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208 Hart Drive  
Pensacola, Florida 32503  
Dec. 17, 1997

Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Dear Sir/Madam:

Enclosed is a copy of my Nonprofit Corporation Annual Report for 1997, which I filed on August 13, 1997 and a copy of the check that was mailed with the report.

I spoke with a gentleman in your office about this matter; I was told to send you any proof that I have along with another check for \$61.25.

Thank You,

  
LeRoy Boyd