

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000005972**

1. Corporation Name

The Nightingale Manor Block L Association, Inc.

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

319 Valencia St.

Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

Zip

32561

Country

USA

3. Mailing Office Address

319 Valencia St.

Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

Zip

32561

Country

USA

7. Name and Address of Current Registered Agent

Name

Stephenie Allen

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

319 Valencia St.

Suite, Apt. #, Etc.

City

Gulf Breeze

State

FL

Zip Code

32561

4. Date Incorporated or Qualified  
To Do Business in Florida

12/05/1994

5. FEI Number

59-3289462

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ 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

*Stephenie Allen* VIT  
REGISTERED AGENT MUST SIGN

Date 11/30/2009

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	Pending		
V/T	Stephenie Allen	319 Valencia St.	Gulf Breeze, FL 32561
S	Pending		

10. E-mail Address: stephsky@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

*Stephenie Allen* VIT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/09 850-932-7251

Date

Daytime Phone #

FILED

09 DEC 14 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500163322445  
12/14/09--01061--004 \*\*70.00

500163322445  
12/04/09--01034--004 \*\*236.25

REINSTATEMENT 08.09