		PLEASE READ	ALL INST	RUCT	IONS	BEFORE C	COMPLET	ING THIS FO	RM.		
APPLICATION FLORIDA					A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State IVISION OF CORPORATIONS			<u> </u>			
DOCUMENT # N9500000085 1. Corporation Name							98 DEC -8 PM 2: 20				
THE GREATER PENSACOLA JUNIOR GOLF ASSOCIATION, INC.							SECRETAKY UF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business Mailing A 101 WEST MAIN ST P.O. BOX PENSACOLA FL 32582 PENSACO US US											
				orrect information and enter correction below. w Mailing Office Address, If Applicable Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 01/06/1995				
City & State City 8				3. State			5. FEI Numbe	r 59-3288799	-	Applied For Not Applicable	
ip Country			Zip Country				6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			ditional Fee require	
Title(s)	mes and Street Addresses of Each Officer and/or Director (Floris) Name of Officers and/or Directors 2				orida nonprofit corporations must list at lea Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box No			City / State / Zip			
D 0	COOK, HIRAM J JR				5601 WOODBINE ROAD			PACE FL 32571			
DP F	FEDOWICH, WILLIAM J JR				9225 WOODRUN COURT			PENSACOLA FL			
	BOWDEN, BO Delete				8635 BELLE MEADOW BLVD.			PENSACOLA FL 32514			
DT F	FENIMORE, MARK L				3858 SABERTOOTH CR.			GULF BREEZE FL			
DS - V	WELLS, KATHY			5895 TANGLEWOOD DR.				MILTON FL			
DV E	BOBO, STEVE				7140 BAHAMA RD			PENSACOLA FL			
PENSAC	CH, BILL DODRUM C OLA FL 32	514	REIN	ISTA		Name Suite, Apt. #, Etc.	O S Number	Address of New Regist Not Acceptable) -12/15/3	ered Agent 2//0 121: State Ar	14 - 3 13 - 021 13 - 021	
10. I, being a Signature of Registered Aç	`` /	registered agent of the abo	ve named corpo			and accept the of	bligations of Secti	on 607.0505, F.S. 13	198	· · · · · · · · · · · · · · · · · · ·	
		ration owes or ha Personal Propert	as paid th	e curre	nt yea	r Yes 🏻	No.X	(See oth	ner side for in	nformation ax.)	

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 filling 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: Mark L. Fenimore 1//30/98 850-434-2685
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #