

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 # N96000004524

1. Corporation Name
MILLION MAN ORGANIZATION OF NORTHWEST FLORIDA, INC.

Principal Place of Business Mailing Address
 547 BOB WHITE COURT 547 BOB WHITE COURT
 PENSACOLA FL 32514 PENSACOLA FL 32514

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT

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 4. Date incorporated or Qualified To Do Business in Florida **08/27/1996**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

5. FEI Number **59-3352089** 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MCINTOSH, JERRY	547 BOB WHITE COURT	PENSACOLA FL 32514
VD	BLACKMON, JOHNNY W	547 BOB WHITE COURT	PENSACOLA FL 32514
SD	MITCHELL, JAMES	2324 GREENWELL COURT	PENSACOLA FL
TD	DAVIS, LENORE	1740 KNIGHT DRIVE	PENSACOLA FL
SD	MCINTOSH, CAROL	547 BOGWHITE COURT	PENSACOLA FL
D	HUDSON, DONALD	581 PHEASANT COURT	PENSACOLA FL

8. Name and Address of Current Registered Agent
 MCKENZIE, GERALD ESQ.
 2532 NORTH 12TH AVENUE
 PENSACOLA FL 32503

9. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. **4000002719534-2**
 City **-12/22/38-01083-007**
*****236 540 499236.25**
FL

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 **SIGATURE REQUIRED** Date **12/1/98**
 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., 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: **SIGATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/1/98** (850) 476-1140
 Daytime Phone #