

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 22 PM 7:04

DOCUMENT # N96000004782

1. Corporation Name

FRIENDS OF THE PRAIRIE INC.

Principal Place of Business

627 BAYSHORE DR.  
PENSACOLA FL 32507

Mailing Address

627 BAYSHORE DR.  
PENSACOLA FL 32507



REINSTATEMENT 01

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

09/16/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3453 Nighthawk lane

3453 Nighthawk lane

City & State  
Pensacola Fla.

City & State  
Pensacola Fla.

Zip  
32506

Country  
Esc.

Zip  
32506

Country  
Esc.

5. FEI Number

59-3401203

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
1	2	3	4
DT	KEESLER, JUNE	516 W. BLOUNT ST.	PENSACOLA FL 32501
<del>DV</del>	<del>CARNETT THOMAS M</del>	<del>121 WEAVER ST</del>	<del>PENSACOLA FL 32501</del>
<del>DP</del>	<del>VEAL JAMES</del>	<del>627 BAYSHORE DR.</del>	<del>PENSACOLA FL 32507</del>
DS	HANKINS, WILLIAM B	1901 W. GARDEN ST.	PENSACOLA FL 32501
DP	Davis, Chris	3453 Nighthawk lane	Pensacola, 32506
DV	Veal, James	627 Bayshore Dr.	Pensacola, 32506

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HANKINS, WILLIAM B  
1901 W. GARDEN ST.  
PENSACOLA FL 32501

Name Davis, Chris  
Street Address (P.O. Box Number is Not Acceptable)  
3453 Nighthawk lane  
Suite, Apt. #, Etc.

City  
Pensacola

State  
FL

Zip Code  
32506

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-15-01

AD

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 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01

Date

850-492-3678

Daytime Phone #

CR2040 (8/01)