DI FAOR DEAD			OMBI ETI	NO THE FOR		
APPLICATION FOR	ALL INSTRUCTIONS FLORIDA DEPARTMEI Sandra B. Moi Secretary of S	NT OF STATE	OMPLETI	ING INIS FOR		
DOCUMENT # N960000	RATIONS	98 OCT -2 AM11: 53				
DOCUMENI# N9600005666 1. Corporation Name Optimist Football Club of Escambia and Santa Rosa Counties, Inc.			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 101 South Jefferson St Suite D Pensacola, FL 32501	Mailing Address		DEINIG	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	- 4 4 (07-98
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			REINSTATEMENT 97-98			
2. New Principal Office Address, If Applicable 101 S. Jefferson St Suite, Apt. #, etc. Suite D City & State	3 Now Mailing Office Address, If 101 S. Jeffers Suite, Apt. #, etc.	• •	To Do Business in Florida 11/5/96			Applied For
Pensacola, FL Pensacola, FL Zip Country 32501 Escambia 32501 Esc			6.	120137	\$8.75 Addition	Not Applicable nal Fee required cate of Status
7. Names and Street Addresses of Each Officer and/o Name of Officers and/or Directors	r Director (Florida nonprofit corpora Str Of		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City	/ State / Zip	
Douglas S. Granger	571 Bob	White Dr.		Pensacola,	F L 3	2514
P R. John Westberry	orth 12th	Ave,	Pensacola,	FL 3	2503	
J. Alan Kohr 101 S.		efferson_		Pensacola,		
			V1 V	JOO2655 - 19798/98 - 1988/7.50	U 1U イがU ・* ※※※28)11 37.50
8. Name and Address of Current Re	-10/08/9801073012 *******10 00 **************************					
ovglas S. Granger	Name					
71 Bob White Dr.	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.					
		City		F	late Zip Code	· · · · · · · · · · · · · · · · · ·
10. I, being appointed the registered agent of the above signature of Registered Agent	e named corporation, am familiar wi	th and accept the obl	ligations of Sectio	n 607.0505, F.S.	~8	
 This corporation owes or has Intangible Personal Property 	paid the current yea tax due June 30.	ar Yes ☐	No 🛭		si de for informa nta ng ible tax.)	ation
2. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolu owed by the corporation have been paid and the nar on this application is true and accurate, and my sign	tion has been eliminated, the corpo mes of individuals listed on this form	rate name satisfies the n do not qualify for a	ne requirements o n exemption unde	f section 607.0401 or 617	7.0401, F.S., the	at all fees
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED ON PRINT R. John West!	ED NAME OF SIGNING OFFICER OR D	RECTOR	3/12	8/ 98 (85	0) 438-	-0401

SIGNATURE: