

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 17 AM 8:53

DOCUMENT # 099000000393

1. Corporation Name

SOUTHERN VETERANS OF THE
PANHANDLE, INC.

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

SOUTHERN VETERANS OF
THE PANHANDLE, INC.

3. Mailing Office Address

90 GEORGE EVERITT

Suite, Apt. #, etc.

1840 KNIGHTS CR

Suite, Apt. #, etc.

City & State

CANTONMENT FL.

City & State

Zip

32533

Country

FLORIDA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1984

5. FEI Number

EN 59-3421863

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$2.75 Additional Fee required
for a Certificate of Status

099000000393

7. Name and Address of Current Registered Agent

Name

GEORGE EVERITT

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

1840 KNIGHTS CR

Suite, Apt. #, Etc.

City

CANTONMENT

State

FL

Zip Code

32533

☒ 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.

400136164914

09/19/09-11/15/11 \$490.00

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

George E. Everitt

REGISTERED AGENT MUST SIGN

Date 09-15-08

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	RON HALL	245 WHITE ST	NICEVILLE FL 32578
V-P	RICK HAZEN	3054 TURNERS MEADOW RD	PENSACOLA FL 32514
T	GEORGE EVERITT	1840 KNIGHTS CR	CANTONMENT FL 32533

REINSTATEMENT

9/18/08
B 9/18/08
04-08

10. 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 contained in Chapter 119, 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:

George E. Everitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-15-08

Date

850
9681487

Daytime Phone #