

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE  
Tallahassee, Florida  
DIVISION OF CORPORATIONS

FILED

99 NOV 17 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000001293**

1. Corporation Name

**Preserve Our Island assoc. Inc.**

Principal Place of Business

Mailing Address

**900 Ft. Pickens #611  
Pensacola Beach, FL 32561**

**900003060929--2  
-12/06/99--01008--019  
\*\*\*\*\*61.25 \*\*\*\*\*61.25**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	2	3	4
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	Pat Ayres	900 Ft Pickens #611	Pensacola Beach 32561
V.P.	Jean Kutina	1899 Ft. Pickens #35	Pensacola Bch, FL 32561
Sec	Don Ayres	900 Ft Pickens #611	" " " "
Tras	Jackie Wood	168 Micabell Cir	Pensacola, FL 32514
BD	Donna Detoro	101 Entrada Two	Pensacola Bch, FL 32561
BD	Jack Greenley	362 Sabine	Pensacola Bch, FL 32561

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **Pat Ayres**  
Street Address (P.O. Box Number is Not Acceptable)  
**900 Ft Pickens #611**  
Suite, Apt. #, Etc. **#611**  
City **Pensacola Bch** State **FL** Zip Code **32561**

10. I hereby appoint 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

REGISTERED AGENT MUST SIGN

Date **10-28-99**

11. This corporation owes 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. 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: **Patricia Ayres, Pres.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**850-932-4454**

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October 29, 1999  
Preserve Our Island *association*  
900 Ft. Pickens Rd. #611  
Pensacola Beach, FL 32561

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Attention Reinstatement Dept.

Enclosed is the form and our check for reinstatement of Preserve our Island Corporation.  
Also enclosed is the cancelled check and request for corporation mailed in 1998. We did  
not receive our notice of application for 1999 and wish to be reinstated.

Thank you for your help and consideration

Sincerely

Pat Ayres, President  
Preserve Our Island *assoc. Inc.*

fax no.: 850-916-0396  
phone 850-932-4454  
e-mail: [dayres2@juno.com](mailto:dayres2@juno.com)