

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
TALLAHASSEE, FLORIDA

01 NOV -2 AM 10: 03

DOCUMENT # N97000005022

1. Corporation Name

ADRIAN WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

2203 N PACE BLVD
PENSACOLA FL 32505

Mailing Address

PO BOX 17125
PENSACOLA FL 32522



REINSTATEMENT 13

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5001 Commerce PK Circle
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5001 Commerce PK Circle
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/1997

5. FEI Number

59-3503910

Applied For

Not Applicable

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32505

Country

U.S.A.

Zip

32505

Country

U.S.A.

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BROWN, ADRIAN F	2203 N PACE BLVD	PENSACOLA FL 32505
D	BROWN, ASHLEY F	8165 STONEBROOK	PENSACOLA FL 32514
D	YABUT, ADRIA B	4606 LENNOX PLACE	PENSACOLA FL 32514
P	James R. Figolah	5001 Commerce PK Circle	Pensacola, FL 32505
T	Joey L Barnes	5001 Commerce Park Circle	Pensacola, FL 32505
D	Henry Smith	1015 Adrian Way Milton, FL	Milton, FL 32583

8. Name and Address of Current Registered Agent

BROWN, ADRIAN F
2203 N PACE BLVD
PENSACOLA FL 32505

9. Name and Address of New Registered Agent

Name

JOEY L. BARNES

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

5001 Commerce PK Circle

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32505

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 OF REGISTERED AGENT
REGISTERED AGENT MUST SIGN

200004700972--3

-11/30/01--01076--009

Date 11/30/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/01

Daytime Phone #

850
969 9200

CR2E040 (8/01)