

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

**1. Corporation Name**

Principal Place of Business

**Mailing Address**

1339 MAZUREK BLVD.  
PENSACOLA FL 32514

1339 MAZUREK BLVD.  
PENSACOLA FL 32514

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

**Zip**

Country

**4. Date Incorporated or Qualified To Do Business in Florida**

09/02/1998

**5. FEI Number**

**Applied For**

59-35144 09

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)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip   |
|---------------|---|--|---|
|               |   |  | 600003039906--1<br>-11/09/99--01068--022<br>****236.25 ****236.25 |
| D             | Gregory Wright                            | 1339 MAZUREK BLVD                                      | PENSACOLA FL 32514  |
| Director      | Jeff Mc Kenney                            | 1570 Janice Ct   | Shuf/Breeze, FL 32561   |
| Director      | Herbert Martin                            | 702 Escambia Ave                                       | Canterment 32400  |

8. Name and Address of Current Registered Agent

**9. Name and Address of New Registered Agent**

WASHINGTON, GREGORY O  
3420 SCHIFKO ROAD  
CANTONMENT FL 32533

Name GREGORY D. WASHINGTON  
Street Address (P.O. Box Number is Not Acceptable)  
1339 MAZUREK BLVD  
Suite, Apt. #, Etc.

City Pensacola

State  
FL

Zip Code  
32514

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of  
Registered Agent

*Gregory O. Washburn* **REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10-16-99

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 807 or 817, 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 807.0401 or 817.0401, 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:**

*Gregory D. Washburn* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-99 (850) 484-8697  
Date Daytime Phone #