

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 JAN 19 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005792

1. Corporation Name

BLUES SOCIETY OF NORTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

~~4051 EAST OLIVE #337~~
PENSACOLA FL 32514

~~P.O. BOX 489~~
PENSACOLA FL 32593-0489



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

7215 Spanish Trail #5
Suite, Apt. #, etc. #5

POB 2704
Suite, Apt. #, etc.

City & State
Pensacola, FL

City & State
Pensacola FL

Zip 32504 Country USA

Zip 32513 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/1998

5. FEI Number

59-3555158

Applied For

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PERRY, DAVID Reese Howard	4051 E. OLIVE #337 7215 Spanish Trail #5	PENSACOLA FL 32514 32504
VPD	ROSS, CHUCK Margaret Hildreth	125 VASSAR DRIVE 115 Waycross Ave	PENSACOLA FL 32506 32507
TD	HENLEY, ROBERT C Kristina Weick	1619 GYPRESS 3331 Summit Blvd #11	PENSACOLA FL 32501 32503
SD	GLARNER, DAVID Adeline Rossi	2025 REYNOSA DRIVE 129 Park Drive	PENSACOLA FL 32504 32507

REINSTATEMENT 2600

8. Name and Address of Current Registered Agent

PETERSEN, ALLAN
5397 SOUNDSIDE DRIVE
GULF BREEZE FL 32561

9. Name and Address of New Registered Agent

Name Reese Howard
Street Address (P.O. Box Number is Not Acceptable)
7215 Spanish Trail #5
Suite, Apt. #, Etc. #5
City Pensacola
State FL Zip Code 32504

700003582827-9
01/26/01-01/15/01

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

Reese Howard
REGISTERED AGENT MUST SIGN

Date 1/11/01

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
Reese Howard

1/11/01 (350) 484-2692
Date Daytime Phone #

CR2ED40 (8/00)