

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 17 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N990000001051

1. Corporation Name

Pensacola Association of the Deaf, Inc.

REINSTATEMENT 00-08

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

4615 B Lowery Rd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 9153

Suite, Apt. #, etc.

City & State

Milton, FL

Zip

32583

Country

USA

City & State

Pensacola, FL

Zip

32513

Country

USA

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

02/16/1999

5. FEI Number

26-1686681

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gary W. Huston

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

125 W. Romana Street

Suite, Apt. #, Etc.

Ste 800

City

Pensacola

State

FL

Zip Code

32502

☐ 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.

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

Gary W. Huston

REGISTERED AGENT MUST SIGN

Date 1-7-2008

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	Avis Hoffman	4615 B Lowery Rd	Milton, FL 32583
VP	Donnie Cox	6827 Stonehenge Circle	Pensacola, FL 32506
S	Amy Peterson	8499 Meliaceae Dr	Pensacola, FL 32514
T	Erin Cox	6827 Stonehenge Circle	Pensacola, FL 32506
D	Jimmy Peterson	8499 Meliaceae Dr.	Pensacola, FL 32514

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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:

Avis V. Hoffman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-08

Date

Daytime Phone #

2/1/22