

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 MAY -6 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000094109

1. Corporation Name

ELM OF NORTHWEST FLORIDA INC

2. Principal Office Address

8102 N DAVIS HWY

Suite, Apt. #, etc.

City & State

PENSACOLA FL

Zip

32514

Country

ESCAMBIA

3. Mailing Office Address

8084 N DAVIS HWY

Suite, Apt. #, etc.

# 189

City & State

PENSACOLA FL

Zip

32514

Country

ESCAMBIA

**2001-2002 UBR**

4. Date Incorporated or Qualified  
To Do Business in Florida

10/5/2000

5. FEI Number

59-3674853

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

ELIZABETH L. MANNING

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

8084 N DAVIS HWY

Suite, Apt. #, Etc.

# 189

City

PENSACOLA

State

FL

Zip Code

32514

300005979863-4

-06/25/02--01073--002

\*\*\*300.00 \*\*\*300.00

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

*Elizabeth Manning*  
REGISTERED AGENT MUST SIGN

Date 4-30-2002

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.D	ELIZABETH L. MANNING	8084 N DAVIS HWY #189	PENSACOLA FL 32514
			201.25 - AR
			10.00 - ARARTS
			88.75 - ARSUPP

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 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:

*Elizabeth Manning*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH MANNING

4-30-2002 850-476-3523

Date

Daytime Phone #

292

ELM of Northwest Florida, Inc.  
dba Jackson Hewitt Tax Service  
8084 N Davis Hwy #189  
Pensacola, FL 32514

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

RE: Document # P00000094109

April 30, 2002

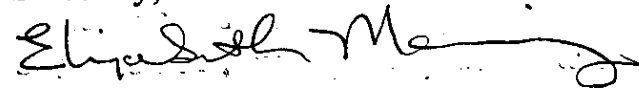
To Whom it May Concern:

I am requesting that the late fees for reinstatement of ELM of Northwest Florida, Inc. be waived. I have not received any notices for 2001 regarding the dissolution of the corporation. The mailing address listed on the Florida Department of State, Division of Corporations web page for ELM of Northwest Florida, Inc. is incorrect. The address is correct for the principal place of business, however due to the nature of the business, the office is not open year round to receive mail.

Enclosed is a check for \$300 to cover the annual fees for both 2001 and 2002. If this is not sufficient, or you find no reason to waive the late fees, please contact me at the above address.

Thank you in advance for your assistance in this matter.

Sincerely,



Elizabeth Manning