

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 DEC 16 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO7000121323

1. Corporation Name

*we noted*  
Organized Design of NW Florida Inc.

100163183611  
11/30/09--01043--021 \*\*750.00

**REINSTATEMENT** 08-09  
CR2E0812(11/09)

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

4 Pahoek Lane

3. Mailing Office Address

Old 267 Chapter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin, Florida

City & State

Florida

Zip

32541

Country

Okaloosa

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11-6-07

5. FEI Number

26-1366790

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

Edward S Cowen Jr

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

1150 Airport Rd

Suite, Apt. #, Etc.

#172

City

Destin

State

FL

Zip Code

32541

☒ 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.

Need refund -

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

[Signature]

Date 12/9/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>President</u>	<u>Leslie Cobble</u>	<u>4 Pahoek Lane</u>	<u>Destin FL 32541</u>
<u>S</u>	<u>Bruce Cobble</u>	<u>—</u>	<u>—</u>

10. E-mail Address: Leslie.cobble@cox.net

(To be used for future annual report notification)

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. I further certify, 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:

Leslie Cobble  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-23-09 850 368 5332