

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 SEP -5 PM 1:32

DOCUMENT # P09000034616

1. Corporation Name

Joiner Baker Dunn & Company

REINSTATEMENT 10/12

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

201 E. Government Street

3. Mailing Office Address

P.O. Box 12844

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, Florida

City & State

Pensacola, Florida

Zip

32502

Country

USA

Zip

32591-2844

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/2009

5. FEI Number
27-0234863

☐ 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

Patricia Clay

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

201 E. Government Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32502

400239256684
09/05/12--01013--007 **1058.75

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

Patricia Clay

Date 9/4/2012

REGISTERED AGENT MUST SIGN

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
DPST	Patricia Clay	201 E. Government St.	Pensacola, FL 32502

10. E-mail Address: clay@joinerbakerdunn.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Patricia Clay / PATRICIA CLAY

09/04/2012

850.356.6588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850.356.6588

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