

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Theodore B. Hauck
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV - 1 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076304

1. Corporation Name

WHITE'S ENTERPRISES OF PENSACOLA, INC.

Principal Place of Business

25 NORTH NAVY BLVD.
PENSACOLA FL 32507

Mailing Address

25 NORTH NAVY BLVD.
PENSACOLA FL 32507

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1994

5. FEI Number

59-3274025

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. Addt'l 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	WHITE, DENNIS M	900 NAGEL DRIVE	PENSACOLA FL 32503
STD	WHITE, PAMELA W	900 NAGEL DRIVE	PENSACOLA FL 32503

200003038872--0
-11/09/99--01007--019
****150.00 ****150.00

8. Name and Address of Current Registered Agent

WHITE, DENNIS M
25 NORTH NAVY BLVD.
PENSACOLA FL 32507

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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

PAMELA W. WHITE

Date

Daytime Phone #

WHITE'S ENTERPRISES OF PENSACOLA, INC.
25 NORTH NAVY BOULEVARD
PENSACOLA, FLORIDA 32507
850-456-6641

Z

October 27, 1999

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314-6327

To Whom It May Concern,

We received notice of Administrative Dissolution or Revocation of the above mentioned Corporation, per my conversation with Mr. Simmons this morning, he stated since we had not received any notification for our Annual Corporate Return, we were to complete the reinstatement form and enclose a check for \$ 150.00. We are requesting that all penalties and extra fees be waived at this time. Thank you in advance for your help in this manner.

Sincerely,



Larry W. Burgess for Dennis M. White