PLEASE READ	ALL INSTRI	ICTIONS	REFORE C	OMPLET	ING THIS EC)BM	
APPLICATION FOR	FLORIDA D		NT OF STATE		ILED	21 1141.	
REINSTATEMENT	DIVISIO	ON OF CORPO	RATIONS	1			
DOCUMENT # DOLUDOO STOLL				00 JAN 12 PM 5: 06			
· ADR OF PENSACOLA, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
AUN OF TENOREDAY, TOC.				TALLA	MASSIES	•••	
Principal Place of Business Mailing Address							
ARTHUR E. DIAMOND 471 SALEM WOOD DRIVE						ax 25	
MARIETTA, GA 30067 If above addresses are incorrect in any way, line through incorrect information and enter correction below.				EINSTATEMENT_0700			
New Principal Office Address, If Applicable New Mailing Office Address, If Applicable				Date Incorporated or Qualified To Do Buşiness in Florida			
uite, Apt. #, etc. Suite, Apt. #, etc.				Nov. 29, 1994 5. FEI Number Applied For			
ty & State City & State				59-3311277 Not Applicable 6. S8.75 Additional Fee required			
Zip Country	Zip-	Countr			OF STATUS DESIRED		ditional Fee required ertificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le Name of Officers Street Address of Each Officers Officers Officers							
Title(s) and/or Directors 3 (Do NO			icer and/or Director se Post Office Box N				
PRES. ARTHUR DIAMOND	4	71 SALEA	WOOD DR	<u>•</u> .	MARIETTA	GA	30067
SECTRES JEFF DIAMOND	47	71 SALE	Wood DR Wood B	9 k	MARIETTA	GA	30067
				3000031177030 -02/01/0001038002			
					***1050.	00 ***	1050.00
Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
			Name ART	HUR D	MOND	ì	18
ARTHUR E. DIAMOND 471 SALEM WOOD DRIVE MARIETTA, GA 30067		-	/338 . Suite, Apt. #. Etc.		S Not Acceptable	ve	, , , , , , , , , , , , , , , , , , ,
WAILET IA, GA 3000	(office)		City MELBOU	State Zip Code FL 32940			
10. I, being appointed the registered agent of the abo		n, am familiar wi					
Signature of Registered Agent RE	GISTERED AGENT	MUST SIGN			Date IZ	-181-	-49
11. This corporation owes the Intangible Personal Proper			Yes	□ No 🗵	(See c	other side for in on intangible to	
12. I certify that I am an officer or director or the recei this reinstatement application, the reason for disso owed by the corporation have been paid and the ron this application is true and accurate, and my significant	ulution has been elimin names of individuals li nature shall have the	nated, the corpo isted on this form same legal effe	rate name satisfies to do not qualify for a ct as if made under	the requirements in exemption und oath.	of section 607.0401 o	or 617.0401, F. i), F.S. The info	S., that all fees ormation indicated
SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNIN	IG OFFICER OR D	IRECTOR 7		Date	Daytime F	hone #