

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 97-99 (K)

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # 995000032909

1. Corporation Name  
**Ellerbe Enterprises, Inc.**

Principal Place of Business Mailing Address

**101 East Roberts Road  
Pensacola, Florida 32534**

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt #, etc <b>5533 Baymeadows Drive</b>	Suite, Apt #, etc <b>5533 Baymeadows Drive</b>
City & State <b>Milton, Florida 32583</b>	City & State <b>Milton, Florida 32583</b>
Zip <b>32583</b>	Zip <b>32583</b>
Country <b>Santa Rosa</b>	Country <b>Santa Rosa</b>

4. Date Incorporated or Qualified To Do Business in Florida 4/26/95

5. FEI Number **59-3311667** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	David R. Ellerbe	5533 Baymeadows Drive	Milton, Florida 32583

200002957452--0  
-08/11/99--01081--014  
\*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent

**David R. Ellerbe  
101 East Roberts Road  
Pensacola, Florida 32534**

9. Name and Address of New Registered Agent

Name **David R. Ellerbe**

Street Address (P.O. Box Number is Not Acceptable)  
**5533 Baymeadows Drive**

Suite, Apt. #, Etc.

City **Milton** State **FL** Zip Code **32583**

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 *David R. Ellerbe* Date **8/2/99**

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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 in 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)(j), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *David R. Ellerbe* 8/2/99 (850) 963-1625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **David R. Ellerbe, President** Date Daytime Phone #

CR2601 (12/98)