

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV -3 AM 11:03

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DOCUMENT # **P96000013323**

1. Corporation Name

EXECUTIVE GRASSING, INC.

Principal Place of Business

Mailing Address

~~1436 E OLIVE RD~~
~~PENSACOLA FL 32514~~

~~1436 E OLIVE RD~~
~~PENSACOLA FL 32514~~



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

2. New Principal Office Address, If Applicable
P.O. Box 11487

3. New Mailing Office Address, If Applicable
P.O. Box 11487

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/1996

Suite, Apt. #, etc.
Pensacola, FL

Suite, Apt. #, etc.
Pensacola, FL

5. FEI Number
59-3358168

Applied For
Not Applicable

City & State
32524

City & State
32524

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

Zip Country

Zip Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D V-Pres	WEST, RENE L	1436 E OLIVE RD 3460 Edinburgh Drive	PENSACOLA FL 32514 Pace, FL 32571
Pres	West, Milette D	3460 Edinburgh Drive	Pace, FL 32571
			8000002339278--2 -11/05/97-01063-031 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEST, RENE L
~~1436 E OLIVE RD~~
~~PENSACOLA FL 32514~~

Name

Street Address (P.O. Box Number is Not Acceptable)
3460 Edinburgh Drive

Suite, Apt. #, Etc.

Pace, FL 32571

City

State
FL

Zip Code
32571

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

Date **10-28-97**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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 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:

Milette West

Milette West President

Date **10-28-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/97)