

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

98 DEC 21 PM 4:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000013349**

Corporation Name

R. H. TOURTELOT COMPANY

Principal Place of Business

Mailing Address

1333 LA PAZ STREET
 PENSACOLA FL 32506

1333 LA PAZ STREET
 PENSACOLA FL 32506

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/12/1996	
City & State		City & State		5. FEI Number 33-0687177	
Zip		Zip		APPLIED FOR <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	



REINSTATEMENT

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	TOURTELOT, RICHARD H	1333 LA PAZ STREET	PENSACOLA FL 32506

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 12/30/98 01001-016
 ****758.75 ****758.75

AS 12/21

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOURTELOT, RICHARD H 1333 LA PAZ STREET PENSACOLA FL 32506	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL

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 *[Signature]* **REQUIRED** Date 12-17-98
 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)(l), 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]* **REQUIRED** Date 12-17-98 Daytime Phone # 945-450-1113
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)