

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB -6 AM 9:11

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-02/12/02--01071--028

****758.75 ****758.75

DOCUMENT # P96000039842

1. Corporation Name

TARKILN BAYOU DEVELOPMENT COMPANY, INC.

2. Principal Office Address

421 North Palafox St.

Suite, Apt. #, etc.

3. Mailing Office Address

421 North Palafox St.

Suite, Apt. #, etc.

Pensacola, Florida

Pensacola, Florida

Zip
32501

Country
USA

Zip
32501

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/02/1996

5. FEI Number

593400296

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Vincent J. Whibbs, Jr.

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

421 North Palafox Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32501

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12-26-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTS	Gilmore, Dan J.	4400 BAYOU BLVD. STE 35 2142 Windemere Circle	Pensacola, FL 32503
V	Whibbs, Vincent J., Jr.	105 East Gregory Square 421 N. Palafox Street	Pensacola, FL 32501

10. 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 118.07(3)(f), 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

Date

Daytime Phone #

J. DAN G. INCARE

12-15-01

850-474-0313

660

421-1666

CR2001 (2/00)