PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT

P97000000989

1. Corporation Name

NWF REAL ESTATE MANAGEMENT, CO.

Principal Place of Business
221 E. Garden St.
7201 BRUNER'ST Swite 9W
PENSACOLA FL 2003
US

Mailing Address

P.O. BOX 32523 12545
PENSACOLA FL 92544 37.573

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



1/31/01 850-4

If above addresses are incorrect in any way, line through incorrect information and enter correction below.								
2. New Principal Office Address, If Applicable 2. New Principal Office Address, If Applicable POB Suite, Apt. #, etc. Suite, Apt. #,					Date Incorporated or Qualified To Do Business in Florida 01/06/1997			
Suite 9W City & State City & State				5. FEI Numbe	FQ-3/225/19		Applied For Not Applicable	
rensacola, FL Pensacola, FL Pe		3 Country		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 2		Street Address of Each Officer and/or Director 3			City / State / Zip		
_PD	WILLIE, MICHARDAIL Delete		206 ALGIERS ST		<u></u>	PENSACOLA FL 32505		
3	s BARGER, ERWIND Delete			ADES DRIVE	PENSACOLA FL 32507			
VSD	WILLIE, SHARONS Detete		205 ALGIERS ST			PENSACOLA EL 32505		
₩ PO	OERTING, RICHARD M	701 W GARDEN ST 1921 Cardinal Lane			PENSACOLA FL 32501- Navarre FL 32566			
					60	0003661 02/08/010		
			C	emstā	TENE	\$ 00.90 0	****	900.00
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 6								<u>&</u>
SCHUSTER, CHARLES A 119 WEST GARDEN ST. PENSACOLA FL 32501				Name Richard M. Certing Street Address (P.O. Box Number is Not Acceptable) 1921 Cardinal Lane Suite, Apt. #, Etc.				
10 I being	annothted the registered agent of the above	e named corno	ration am familiar r	City Navav		State FL		566
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 REGISTERED AGENT MUST SIGN								
11. 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 filling 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.								
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