

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P97000081997

1. Corporation Name

NORTHWEST FLORIDA DISTRIBUTORS, INC.

Principal Place of Business

1201 EGLIN PARKWAY
SHALIMAR FL 32579

Mailing Address

1201 EGLIN PARKWAY
SHALIMAR FL 32579

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/22/1997

5. FEI Number

59-3467467

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	SCOTT, WELKER RHEA	1201 ELGIN PARKWAY	SHALIMAR FL 32579

2000008784522
11/04/02--01072--013 **158.75

Handwritten signature

8. Name and Address of Current Registered Agent

SCOTT, WELKER R
1201 EGLIN PARKWAY
SHALIMAR FL 32579

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Handwritten signature
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/29/02

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 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.

Handwritten signature
Welker R. Scott Owner

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/02

Daytime Phone #

850 832-6276

10/20/02

Dear Floridians -

I am very sorry
but I did not
receive the prior
notices concerning the
renewal fee for my
(small) Inc. co. - please
accept my application for
Reinstatement & also the
enclosed check in the
amount of \$158.75 -
I would very much like
the Certificate of Status
so I enclosed the
additional \$8.75.

Very truly yours
owner - Rhea Scott

I may be reached
at 850 832 6276 Phone
850 230 9417 fax

Thank you
NS