
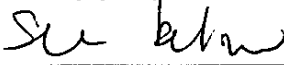
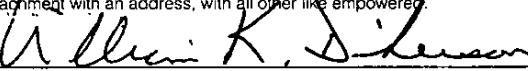


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

06 FEB -6 PM 12:39  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P98000088502</b> 1. Entity Name <b>DICKERSON &amp; ASSOCIATES OF NORTHWEST FLORIDA, INC.</b>					
Principal Place of Business <b>1300 W MAIN STREET PENSACOLA, FL 32501</b>			Mailing Address <b>1300 W MAIN STREET PENSACOLA, FL 32501</b>		
2. Principal Place of Business <b>4300 BAYOU BLVD</b>		3. Mailing Address <b>4300 BAYOU BLVD</b>			
Suite, Apt. #, etc. <b># 14</b>		Suite, Apt. #, etc. <b># 14</b>			
City & State <b>PENSACOLA, FL</b>		City & State <b>PENSACOLA, FL</b>		4. FEI Number <b>59-3537673</b>	
Zip <b>32503</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DICKERSON, WILLIAM K 1300 W MAIN STREET PENSACOLA, FL 32501</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4300 BAYOU BLVD #14</b> City <b>PENSACOLA</b> <b>FL</b> Zip Code <b>32503</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="text-align: center; margin-top: 10px;">  </div> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <b>DICKERSON, WILLIAM K</b> <b>1300 W MAIN STREET</b> <b>PENSACOLA, FL 32501</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <b>DICKERSON, WILLIAM K</b> <b>4300 BAYOU BLVD #14</b> <b>PENSACOLA, FL 32503</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>2/10/06</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

REINSTATEMENT 05-06

T. Roberts FEB 08 2006

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