

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT -4 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000-106086**

1. Corporation Name

LIVINGSTON FINANCIAL SERVICES, INC.

2. Principal Office Address

340 BOBWHITE DRIVE

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

Zip

32514

Country

USA

3. Mailing Office Address

340 BOBWHITE DRIVE

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

Zip

32514

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/6/99

5. FEI Number

59-3614454

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

DAN LIVINGSTON

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

340 BOBWHITE DRIVE

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32514

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 *Dan Livingston*

Date *9/25/02*

REGISTERED AGENT MUST SIGN

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
Dir./ Pres.	Dan Livingston	340 Bobwhite Drive	Pensacola, FL 32514
Sec.	Dan Livingston	340 Bobwhite Drive	Pensacola, FL 32514
Trea- surer	Dan Livingston	340 Bobwhite Drive	Pensacola, FL 32514

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 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.

SIGNATURE:

Dan Livingston
DAN LIVINGSTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/02

Date

(850) 232-6499

Daytime Phone #

CR2E081 (9/01)