	PLI	ASE REAL	ALL INS	OMPLET	NG THIS FO	DRM.				
APPLICATION &			'07		TMENT OF STATE	,				
FOR				Sandra B. Mortham			FILED			
REIN	STATEME	NT 🐫	<i>N-9</i> /		y of State			AM 0. 2	n	
DIVISION OF CONFORM TICKS						1	96 DEC 16	C :B FIA	U	
DOCUMENT # \$87649							SECRETAR	y of stat	E	
1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
FLORIDA P & C, INC.										
Desire Desire A Desire										
			Malling Add				BI (84)3 (86)2 611)1 611(8 40)	 	1816 8 1871 61811 18 8 1	
1119 GOVERNENT STREET			1119 GOVE	C/O PHILIP B. AHN 1119 GOVERMENT STREET						
MOBILE AL 36804 MOBILE AL 36804							OTATEN	rent (\mathcal{M}_{I}	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						REIN	STATEN	ISTRA .	A CONTRACTOR OF THE PARTY OF TH	
					ress, if Applicable	Date Incorporated or Qualified				
Suite, Apt. #, etc. Si				uite, Apt. #, etc.			10/10/109			
City & State				P. 0. Box 16 00 6/			5. FEI Number 58-1972775		Applied For	
		inter.	M	obile,	AL.	6.		\$8.75 Add	Not Applicable	
Zip / Country Zip			36	616	Country	CERTIFICATE OF STATUS DESIRED 58.75. Additional Fee required for a Certificate of Status				
7. Names	and Street Address		nd/or Director (Fi	orida nonprofit	corporations must list at lea	<u> </u>				
Title(s)	Name of Officers and/or Directors				Street Address of Each Officer and/or Director NOT Use Post Office Box N) ! dumbers)	4	City / State / Zij	p	
D AHN, PHILIP B.			 	NTCLAIRE WAY	MOBILE AL 36609					
									<u>'56</u>	
•	'							**383.75 ****383.75		
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	8. Name and	Address of Curre	nt Registered Ag	ont		9. Name and A	Address of New Regi	stered Agent	!\.	
Name / K						T H I	10 52			
SHELL, STEPHEN B. 7TH FLOOR Stroot Address (P.O. Box Number	is Not Acceptable)			
226 PALAFOX PLACE Suito, Apt. #, Etc						· Davis	- Hwy.	 		
PENSACOLA FL 32501								1 O-4- 174-	0.4.	
Cin Dense						acola		FL 3	2514	
10. I, being	g appointed the regi	sterod agent of the	above named con	oration, am ta	miliar with and accept the o	bligations of Secti	ion 607.0505, F.S.		. /	
Signature of Registered Agent Date 12-/13/96									2 6	
			REGISPÉRED A							
11. Do	oes this corp ept. of Reve	ooration pay nue under S	any intan 3. 199.032	gible tax , Florida	to the Statutes. Yes	□ No □	(S00	other side for in on intangible t		
t2 Leadib	that I am an officer	or director or the re	colver or trustee o	mnowered to	evecute this application on	nemidad for In the	20101 BO7 01 B17 E C	I further earth.	that when filling	
this rein	nstatement applicati	on, the reason for d	ssolution has bee	n eliminated, t	execute this application as he corporate name satisfies this form do not quality for	the requirements	of section 607.0401	or 617.0401, F.	S., that all foos	
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.										

PHILIP B. AHN, President BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

0098208

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