

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAR 20 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-04/04/00--01082--017
***2440.00 ***2440.00

DOCUMENT #422279

1. Corporation Name

Wildwood "301" Trailer Park, Inc.

2. Principal Office Address

3731 North US Hgwy 301

Suite, Apt. #, etc.

City & State

Wildwood, FL 34785

Zip
34785

Country
US

3. Mailing Office Address

3731 North US Hgwy 3-1

Suite, Apt. #, etc.

City & State

Wildwood, FL 34785

Zip
34785

Country
US

REINSTATEMENT

84-2000

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/29/73

SP

5. FEI Number

59-1518577

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

Timothy Noell

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

3731 North US Hgwy 301

Suite, Apt. #, Etc.

City
Wildwood

State
FL

Zip Code
34785

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

Timothy Noell

REGISTERED AGENT MUST SIGN

Date

3-2-00

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
p/d	Timothy Noell	3731 North US Hgwy 301	Wildwood, FL 34785

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:

Timothy Noell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Timothy Noell

Date

3-2-00

Daytime Phone #

352 748-3610