PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

93-97 AR

FILED
97 SEP 29 AM 11:
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 712893

1. Corporation Name: TROPICAL PARK CIVIC ORGANIZATION, INCORPORATED

Principal Place of Business	Mailing Address
Woody Simpson's Park Recreation Center	P. O. Box 541022 Merritt Island FL 32954-1022

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
N/A	N/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06-07-67

5. FEI Number: ☐ 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)

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****306.25 ****306.25

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
P	Dee Jones	445 Oxford Ave.	Merritt Island, FL 32953
V	Michael McDonald	470 Lincoln Ave.	Merritt Isl., FL 32953
T	Evon Jackson	1145 King Street	Merritt Isl., FL 32953
S	Linda McDonald	470 Lincoln Ave.	Merritt Isl., FL 32953
D	John L. Allen	1400 N.Tropical Trail	Merritt Isl., FL 32953
D	Ralph M. Williams, Jr.	1545 N.Tropical Trail	Merritt Isl., FL 32953
D	Isaac J. Houston	1433 N.Tropical Trail	Merritt Isl., FL 32953

8. Name and Address of Current Registered Agent

Paul M. Goldman, PA
101 South Courtenay Parkway
Merritt Island, FL 32952

9. Name and Address of New Registered Agent

Name: Dee F. Jones
Street Address (P.O. Box Number is Not Acceptable): 445 Oxford Ave.
Suite, Apt. #, Etc.: N/A
City: Merritt Island, State: FL Zip Code: 32953

CR2E040 (12/96)

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.

Signature of Registered Agent: Dee F Jones — REGISTERED AGENT MUST SIGN — Date: 09-23-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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.

ad

SIGNATURE: Dee F Jones — 09-23-97 — AC/407 452-6055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dee Jones