

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAY 17 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 723307

1. Corporation Name

BOOKER PARK CITIZENS ASSOCIATION, INC

Principal Place of Business

P.O. BOX 1068  
INDIANTOWN FL 34956

Mailing Address

P.O. BOX 1068  
INDIANTOWN FL 34956

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/01/1972

5. FEI Number

23-7280780

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01-02



7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	JACKSON, ARDIS W	14742 SW 175TH CT	INDIANTOWN FL
S	PERRY, ELIZABETH	14930 SW 173RD DR	INDIANTOWN FL
T	BRIGHT, SAMMY	14659 SW M.L. KING JR. DR.	INDIANTOWN FL
D	MCKNIGHT, CLEVELAND	14506 SW 169TH DE	INDIANTOWN FL
D	BROWN, EUGENE	1547 SW WILD CAT TR	STUART FL
D	WILLIAMS, CLIFFORD	17071 S.W. MAGNOLIA AVE.	INDIANTOWN FL

8. Name and Address of Current Registered Agent

JACKSON, ARDIS W.  
14742 S.W. 174 CT  
P.O. BOX 1414  
INDIANTOWN FL 34956

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

500005678365-2

-06/04/02-01007-010

\*\*\*306.25 \*\*\*306.25

State

FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

23 MAR 2002

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-2002

Date

Daytime Phone #

CR2E040 (8/01)