

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723307

1. Corporation Name

Booker Park Citizens Association, Inc.

2. Principal Office Address - No P.O. Box #

14712 SW 168th Avenue

Suite, Apt. #, etc.

City & State

Indiantown, Florida

Zip

34956

Country

Martin

3. Mailing Office Address

P.O. Box 1409

Suite, Apt. #, etc.

City & State

Indiantown, Florida

Zip

34956

Country

Martin

7. Name and Address of Current Registered Agent

Name

Ardis W. Jackson

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

14742 SW 175th Court

Suite, Apt. #, Etc.

City

Indiantown

State

FL

Zip Code

34956

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

REGISTERED AGENT MUST SIGN

Date **October 14, 2008**

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	Ardis W. Jackson	14742 SW 175th Court	Indiantown, Florida 34956
VP	Alvin R. Miles	907 SE 9th Street	Stuart, Florida 34994
Sec	Milton Williams	15818 SW 150th Street	Indiantown, Florida 34956
Tres	Sheila Ferguson	14841 SW 174th Court	Indiantown, Florida 34956
D	Hurley Dunbar	14747 SW 171st Avenue	Indiantown, Florida 34956
D	Jeanett Williams	14957 SW 171st Avenue	Indiantown, Florida 34956

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 contained in Chapter 119, 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:

Ardis W. Jackson, Pres.

14 Oct. 2008

772-260-6822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 OCT 15 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
0001369849000
10/16/08--01044--008 **367.50

REINSTATEMENT

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

May 1, 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

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.