

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 27 PM 6:47

DOCUMENT # 726503

1. Corporation **Sanford Housing Authority Resident Council, Inc.**
(S.H.A.R.C.)

Principal Place of Business Mailing Address
The Sanford Housing Authority of the City of Sanford
P. O. Box 2359
Sanford, Florida 32772

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		4. Date incorporated or Qualified To Do Business in Florida 11/04/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 726503	
City & State		City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

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
Pres. (D)	Estella Peterson (D)	Apt. 29 Castle Brewer Court	Sanford, Florida 32771
V.P.	Virginia Graham (D)	Apt. 111 Castle Brewer Court	Sanford, Florida 32771
Sec.	Jacqueline Simms	Apt. 57 Lake Monroe Terrace	Sanford, Florida 32771
Chaplin	Lula Mae Davis	Apt. 19 Redding Gardens	Sanford, Florida 32771
Parli.	Joe Williams (D)	Apt. 45 Redding Gardens	Sanford, Florida 32771
Bookkeeper	Ethel Tomlin	Apt. 18 William Clark Court	Sanford, Florida 32771

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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-11/04/99--01075--024
***358.75 ***358.75

Name **Estella Peterson**
Street Address (P.O. Box Number is Not Acceptable)
Apt. 29 Castle Brewer Court
City **Sanford** State **FL** Zip Code **32771**

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 **Estella Peterson**
REGISTERED AGENT MUST SIGN

Date **10-13-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: **Estella Peterson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-13-99** Daytime Phone # **407-302-7579**

CR2E01 (12/98)