

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 MAR -9 AM 10: 07

DOCUMENT # 730503

1. Corporation Name

SUGARLOAF PARK CONDOMINIUM APARTMENTS, PHASE ONE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6314 MOSELEY ST.
HOLLYWOOD FL 33029
US

Mailing Address

6314 MOSELEY ST.
HOLLYWOOD FL 33029
US



REINSTATEMENT 97-98

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/22/1974 3/9/98	
City & State		City & State		5. FEI Number	
Zip		Country		59-2038306	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
D	BARLOW, MAGDALENE	6300 MOSLEY STREET	HOLLYWOOD FL
D V/D	LAJEUNESSE, MICHAEL	940 N.W. 201 TERRACE	PEMBROKE PINES FL
D T/D	HUDDLESTON, DONNA	1145 TYLER STREET	HOLLYWOOD FL
D P/D	BOLTON, RON	6314 MOSELEY ST	HOLLYWOOD FL
D S/D	KELLEY, PHIL	6312 MOSELEY ST	HOLLYWOOD FL
D	MILLIGAN, PATRICIA	6310 MOSELEY ST	HOLLYWOOD FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAJEUNESSE, MICHAEL
940 N.W. 201 TERRACE
PEMBROKE PINES FL 33029

Name Ronald L. Bolton
Street Address (P.O. Box Number is Not Acceptable)
6314 Mosley street
Suite, Apt. #, Etc.

City Hollywood State FL Zip Code 33024

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

Ronald L Bolton
REGISTERED AGENT MUST SIGN

800002454078-5
-03/11/98-01068--024

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

*****61.25 *****61.25
(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)(l), 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: Ronald L Bolton Ronald L Bolton 2-17-98 954-967-0328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP25040 (9/97)