

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 FEB 28 PM 12:01
TALLAHASSEE, FLORIDA

DOCUMENT # 747300

1. Corporation Name

Welch's Subdivision Civic
Association, Inc.

2. Principal Office Address

11014 SW Welch Ave

Suite, Apt. #, etc.

City & State

Arcadia, Fl

Zip

34269

Country

U.S.A.

3. Mailing Office Address

11269 SW Welch Ave

Suite, Apt. #, etc.

City & State

Arcadia, Fl

Zip

34269

Country

U.S.A.

900067457739
03/09/06--01020--016 **61.25
CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

05-22-1979

5. FEI Number

592938103

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Earle Allard

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

11269 SW Welch Ave.

Suite, Apt. #, Etc.

City

Arcadia

State

FL

Zip Code

34269

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

Earle W. Allard

Date 02-24-06

REGISTERED AGENT MUST SIGN

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
PD	Earle Allard	11269 SW Welch Ave	Arcadia, Fl 34269
D	Bruce Hatfield	11149 SW Crenshaw Ave	Arcadia, Fl 34269
ST	Susan Hatfield	11149 SW Crenshaw Ave	Arcadia, Fl 34269
D	Wayne Abbott	11243 SW Welch Ave	Arcadia, Fl 34269
D	George Myers	11278 SW Welch Ave	Arcadia, Fl 34269
VD	Paul Juncher	11189 SW Welch Ave	Arcadia, Fl 34269

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.

EARLE ALLARD

SIGNATURE:

Earle W. Allard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24-06 941-629-9945

Date

Daytime Phone #