

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 769383 (1)

1. Corporation Name

WASHINGTON/FRANKLIN PARK CIVIC ASSOCIATION INC.

Principal Place of Business

Mailing Address

2931 NW 8th Road

2931 NW 8th Road

Ft. Lauderdale, Fl.

Ft. Lauderdale, Fl.

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/30/83

5. FEI Number

65-0506089

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	HART IRENE RILEY 2931 N.W. 8TH RD FT. LAUDERDALE, FLA. 33311		
P/D	JOHNSON SAM	FT. LAUDERDALE, FL 33311 921 NW 34TH TERR	
V/D	GILES ALPHONSO	2863 NW. 8TH RD. FT. LAUDERDALE, FL. 33311	
S/D	SMITH, MAMIE	2981 NW 7TH COURT FORT LAUDERDALE, FLA. 33311	
T/D	JAMES MARGIE	2942 NW 8TH RD FT. LAUDERDALE, FL. 33311	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MRS. IRENE R. HART
2931 NW 8TH ROAD
FT. LAUDERDALE, FL. 33311

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

300002149953--5

04/22/97-01003-008

****358.75 ****358.75

FL

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

Mrs. Irene R. Hart
REGISTERED AGENT MUST SIGN

Date APRIL 14, 1997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97
Date

(954) 791-0129
Daytime Phone

REINSTATEMENT

95-97

mwb

FILED
97 APR 17 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (12/96)