

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 JAN -7 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 770739

1. Corporation Name

FRIENDS OF THE PARK, INC.

Principal Place of Business

PO BOX 1248  
GREEN COVES SPRINGS FL 32043

Mailing Address

PO BOX 1248  
GREEN COVES SPRINGS FL 32043

REINSTATEMENT

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

10/13/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2360151

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
V	FULLERTON, DONALD	818 N PINE ST.	GREEN COVE SPRNGS FL
P	KEATING, NANCY	3272 COUNTY RD. 209	GREEN COVE SPRNGS FL
LD	WILLIAMS, JERRY	104 ST. JOHNS AVE.	GREEN COVE SPRNGS FL
D	ROBERTS, GERALD	20 ELMORE STREET	GREEN COVE SPRNGS FL
D	CROCKETT, THERESA A.	425 S. PALMETTO AVE	GREEN COVE SPRNGS FL
D	BOWENS, LILLIAN	HIBERNIA RT., BOX 802	GREEN COVE SPRNGS FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARNOLD, L. J., III  
718 NORTH ORANGE AVENUE  
GREEN COVE SPRINGS FL 32043

Name

Street Address (P.O. Box Number is not acceptable)

510002742996-2

Suite, Apt. #, Etc.

-01/15/99-01009-001

City

State Zip Code

\*\*\*\*236.25 FL\*\*\*\*236.25

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-30-98

11. This corporation owes or has paid 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/98

(904) 284-9859

NANCY C KEATING