

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

06 SEP 18 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F35751**

1. Corporation Name

TAYLOR'S TRAILER PARK, INC.

Principal Place of Business

**TAYLOR'S TRAILER PARK
4305 STIRLING RD
FT LAUDERDALE FL 33314
US**

Mailing Address

**4305 STIRLING ROAD
FT LAUDERDALE FL 33314
US**

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

05/15/1981

5. FEI Number

59-2859631

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 3	City / State / Zip 4
P	TAYLOR, ASHLEY	4305 SW 60TH ST	FT LAUDERDALE FL
V	TAYLOR, DOROTHY	4305 SW 60TH ST	FT LAUDERDALE FL
ST	TAYLOR, SALLY ANN	4305 SW 60TH ST	FT LAUDERDALE FL

**000079998570
09/20/06--01040--020 **1200.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**TAYLOR, SALLY ANN
4305 STIRLING ROAD
FT LAUDERDALE FL 33314**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Sally Ann Taylor
REGISTERED AGENT MUST SIGN

Date

9/13/06

11. 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.

cell # 954-260-0764

954-581-1409

SIGNATURE:

Sally Ann Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/13/06

Daytime Phone #

CR2E040 (7/03)