

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB -3 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K95987

1. Corporation Name

FLORIDA PROPERTIES OF POLK COUNTY, INC.

2. Principal Office Address

210 Neptune Road

3. Mailing Office Address

Post Office Box 1722

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Auburndale, FL

City & State

Lakeland, FL

Zip

Country

33823

U.S.

Zip

33802-1722

Country

U.S.

REINSTATEMENT

90-2000

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

6/16/89

5. FEI Number

59-2953653

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Steven T. Moore

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

210 Neptune Road

Suite, Apt. #, Etc.

City

Auburndale

State

FL

Zip Code

33823

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

Date 2-1-00

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
S, T D	Steven T. Moore	210 Neptune Road	Auburndale, Fl 33823

KE

CR2E081 (9/99)

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 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

Steven T. Moore,
Director

2-1-00

Date

863/967-1131

Daytime Phone #