

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

2002-2003

FILED

03 JAN 22 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00024

1. Corporation Name

MOLOKAI RESIDENTS COOPERATIVE ASSOCIATION, INC.

Principal Place of Business

280 KELOU COURT
LEESBURG FL 34788
US

Mailing Address

280 KELOU COURT
LEESBURG FL 34788
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Sue Clark

3. New Mailing Office Address, If Applicable

Sue Clark

Suite, Apt. #, etc.

13 Hawaiian Way

Suite, Apt. #, etc.

13 Hawaiian Way

City & State

Leesburg FL

City & State

Leesburg FL

Zip

34788

Country

Lake

Zip

34788

Country

Lake

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1983

5. FEI Number

59-2445106

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LOROW, DALE Sue Clark	280 KELOU CT 13 Hawaiian Way	LEESBURG FL 34788
VP	GIDDINGS, GUS Sharron Martin	280 KELOU CT 259 Kelou CT	LEESBURG FL 34788
TD	KELLER, PAULINE Dottie Sheppard	60 KONO CIRCLE 107 Diamond Head Dr	LEESBURG FL 34788
D	LARAMEE, ANDY Le Roy Grubaugh	203 PARADISE SOUTH 132 Maunaloa Way	LEESBURG FL 34788
D	BEVAN, MARY Mike Matchett	203 PARADISE SOUTH 106 Diamond Head	LEESBURG FL 34788
D	HAZEL CROOKS	93 MAUNA LOA DR	LEESBURG FL 34788

8. Name and Address of Current Registered Agent

~~LOROW, DALE~~
~~280 KELOU CT~~
LEESBURG FL 34788

9. Name and Address of New Registered Agent

Name Sue Clark - Pres.

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

13 Hawaiian Way

Suite, Apt. #, Etc.

Leesburg

City

State

FL

Zip Code

34788

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

Sue Clark - President
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1-16-03

1-27-02

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.

SIGNATURE:

Sue Clark - President
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-03

1-27-02

CR2040 (8/02)