

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 # NO 4359

1. Corporation Name  
CARE FREE COVE MOBILE HOMEOWNERS  
INC.

Principal Place of Business Mailing Address  
3278 NW 37th ST.  
PO Box 491425  
LAUDERDALE LAKES FL. 33309

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

FILED  
97 APR -7 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
700002138187--9  
-04/09/97--01101--007  
\*\*\*\*133.75 \*\*\*\*133.75  
**REINSTATEMENT**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City and State
P.	JOSEPH C.L. BENOIT	3225 NW 37th ST.	LAUDERDALE LAKES FL. 33309
U.P.	JOSEPH SPINE	3249 NW 37th ST.	LAUDERDALE LAKES FL. 33309
S.	JAMES LEONARD	3631 NW 32nd WAY	LAUDERDALE LAKES FL. 33309
T.	LEONORA BERTO	3256 NW 34th ST.	LAUDERDALE LAKES FL. 33309
D.	JACQUELINE FORTIN	3257 NW 37th ST.	LAUDERDALE LAKES FL. 33309
D.	ROSE BAND	3601 NW 32nd WAY	LAUDERDALE LAKES FL. 33309
D.	GAILE BRADLEY	3411 NW 32nd WAY	LAUDERDALE LAKES FL. 33309

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ISABELLA J. HADSALL Pres. 3600 NW 82nd TERR LAUDERDALE LAKES FL. 33309		JOSEPH C.L. BENOIT Pres. 3225 NW 37th ST. LAUDERDALE LAKES FL. 33309	
Signature of Registered Agent		Date	
Isabella J. Hadsall		3/2/97	

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: Isabella J. Hadsall  
REGISTERED AGENT MUST SIGN

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: ISABELLA J. HADSALL Pres.  
3/2/97 (954) 486-5388  
Date Daytime Phone #