

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 OCT 29 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N05000010205

**1. Corporation Name**

Alachua County Task Force on Recreation Inc.

**2. Principal Office Address - No P.O. Box #**

14300 NW 146TH TERRACE

Suite, Apt. #, etc.

**3. Mailing Office Address**

PO BOX 9

Suite, Apt. #, etc.

**City & State**

ALACHUA FL

**City & State**

ALACHUA FL

**Zip**

32615

**Country**

**Zip**

32615

**Country**

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

10/01/2005

**5. FEI Number**

20-3422593

☐ 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**

THERESE MARKOWITZ 40 City Hall

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

PO BOX 8 14300 NW 146th Terrace

Suite, Apt. #, Etc.

**City**

ALACHUA

**State**

FL

**Zip Code**

32615

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

*Theresa Markowitz*

Date

9/15/08

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
PRES	BLALOCK, RICHARD	14300 NW 146TH TERRACE	ALACHUA FL 32615
VP	SURRENCY, MATTHEW	14300 NW 146TH TERRACE	ALACHUA FL 32615
SEC	WORLEY, KIM	14300 NW 146TH TERRACE	ALACHUA FL 32615
TREAS	BRADY, HAROLD	14300 NW 146TH TERRACE	ALACHUA FL 32615

**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 contained in Chapter 119, 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/15/08

Daytime Phone #

JC 10/30