

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N05002**

1. Corporation Name

Blk. "O" RV PARK ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7950 SW HWY 78
OKEECHOBEE FL 34974

P.O. BOX 5489
SALT SPRINGS FL 32134

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/1984

5. FEI Number

65-0440093

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VPT	BOUSE, ROBERT R	25250 E. HWY 316	SALT SPRINGS FL 32134
PD	JOHNSON, MARK	777 HARBOR IS. BLVD	TAMPA FL 33602
SD	WAGGONER, MIKE	7950 SW HWY 78	OKEECHOBEE FL 34974
PD	MAYER, ROBERT	25250 E. Hwy 316	SALT SPRINGS, FL 32134
			900003031449--7 -11/01/99--01128--011 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~BOUSE, ROBERT R~~
~~25250 E HWY 316~~
~~SALT SPRINGS FL 32134~~

Name
DAVID L. MACKAY
Street Address (P.O. Box Number is Not Acceptable)
2801 SW College Rd.
Suite, Apt. #, Etc.
Suite 1
City
Ocala
State
FL
Zip Code
34474

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

David L. Mackay
REGISTERED AGENT MUST SIGN

Date **10/21/99**

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-685-1900
Daytime Phone #