

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 # **NO6755**

89-97

1. Corporation Name

OF TAMPA OWNERS
Village Mobile Home Association, Inc

Principal Place of Business

Mailing Address

Village Mobile Home Park
1409 Four Seasons Blvd.
Tampa, Florida 33613

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

4. Date Incorporated or Qualified
To Do Business in Florida

NA

5. FEI Number

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Herbert Schum	1353 Autumn Drive	Tampa, FL 33613
V	Carol Mahoney	14510 Winter Drive	Tampa, FL 33613
S/T	Connie Richardson	1409 Four Seasons Bl.	Tampa, FL 33613
D	Bill Valentine	14514 Winter Dr.	Tampa, FL 33613
D	Jack Earl	1331 Four Seasons Bl.	Tampa, FL 33613
D	Fran Thomson	1428 Four Seasons Bl.	Tampa, FL 33613

8. Name and Address of Current Registered Agent

Connie E. Richardson
1409 Four Seasons Bl.
Tampa, FL 33613

9. Name and Address of New Registered Agent

Name

Same

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

Suite, Apt. #, Etc.

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-03/28/97--01090--013

City

*****835.00 ***835.00**

FL

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

Connie E. Richardson
REGISTERED AGENT MUST SIGN

Date

3/18/97

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:

Connie E. Richardson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CONNIE E RICHARDSON

3/18/97
Date

813-975-1145
Daytime Phone #

CR20040 (12/96)