

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 NOV -4 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N11812**

1. Corporation Name

CENTRAL FLORIDA PROPRIETORS' DARTING ASSN., INC

Principal Place of Business

Mailing Address

C/O HOWARD KELLY
1312 BLUE MOON LANE
FRUITLAND PARK FL 34731-3012

C/O HOWARD KELLY
1312 BLUE MOON LANE
FRUITLAND PARK FL 34731-3012

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

10/30/1995

5. FEI Number

59-2626211

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PD	KELLY, HOWARD	1312 BLUE MOON LANE	FRUITLAND PARK FL
SD	BASSETT, MAGGIE	5701 SW 68 RD	OCALA FL
TD	WILLIAMS, BRIAN	3320 NE 9 AVE	OCALA FL
PD	CHISHOLM, LARRY	3320 NE 9 AVE	OCALA FL
SD	THOMAS-RICE, VICKI	5 PINE WAY COURT	2060011988492--9 -11/07/96--01015--007 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KELLY, HOWARD
1312 BLUE MOON LANE
FRUITLAND PARK FL 34731

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

Howard Kelly
REGISTERED AGENT MUST SIGN

Date

10/31/96

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:

Howard Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KELLY 10/31/96 (352) 821-3998
Date Daytime Phone