

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

DOCUMENT # **N30680**

00 FEB -8 PM12:17

1. Corporation Name

Central Park Industrial Subdivision Owners
Association, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

421 South Pine Avenue
Ocala, FL 34474

Mailing Address

421 South Pine Avenue
Ocala, FL 34474

WUO-2810

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

REINSTATEMENT 92-180

4. Date Incorporated or Qualified
To Do Business in Florida

2/19/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

XX Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Norman O. Sauey, Sr.	421 South Pine Avenue	Ocala, Florida, 34474
D	Mignon Craig	421 South Pine Avenue	Ocala, Florida, 34474
D	Daniel Hicks	421 South Pine Avenue	Ocala, Florida, 34474
			100003136651--0
			-02/15/00-01117--030
			****726.25 ****726.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Norman O. Sauey, Sr.
425 SW 33rd Avenue
Ocala, FL 34474

Name

Daniel Hicks

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

421 South Pine Avenue

Suite, Apt. #, Etc.

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 607.0505, F.S.

Signature of
Registered Agent

Daniel Hicks

REGISTERED AGENT MUST SIGN

Date

1-28-00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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:

Norman O. Sauey, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-00

Date

Daytime Phone #

KE

CR2E081 (12/98)