


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N43209</b>			
1. Corporation Name <b>JUNGLE TERRACE CIVIC ASSOCIATION, INC.</b>			
Principal Place of Business <b>7101 36TH AVE. N. ST. PETERSBURG, FL 33710</b>		Mailing Address  	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <b>7101 36TH AVE N</b>		3. New Mailing Office Address, If Applicable  	
Suite, Apt. #, etc.  		Suite, Apt. #, etc.  	
City & State <b>ST. PETERSBURG FL</b>		City & State  	
Zip <b>33710</b>	Country <b>USA</b>	Zip  	Country  
4. Date Incorporated or Qualified To Do Business in Florida <b>May 6, 1991</b>		5. FEI Number <b>593067686</b>	
Applied For  		Not Applicable  	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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, D	Richard Meredith	7101 36TH AVE. N.	St. Petersburg, FL 33710
V, D	Debbie Mottola	7101 36TH AVE. N.	St. Petersburg, FL 33710
S, D	STEVEN PLICE	7101 36TH AVE. N.	St. Petersburg, FL 33710
T, D	MARY LOU MITCHELL	7101 36TH AVE. N.	St. Petersburg, FL 33710
1100002122661-7 -03/24/97-01201-002 ***358.75			
8. Name and Address of Current Registered Agent <b>STEVEN PLICE 7101 36TH AVE. N. ST. PETERSBURG, FL 33710</b>		9. Name and Address of New Registered Agent Name <b>STEVEN PLICE</b> Street Address (P.O. Box Number is Not Acceptable) <b>7101 36TH AVE. N.</b> Suite, Apt. #, Etc.  City <b>ST. PETERSBURG</b> State <b>FL</b> Zip Code <b>33710</b>	
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 <b>St. S. Plice</b> Date <b>2/18/97</b> REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <b>St. S. Plice</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>STEVEN S. PLICE</b>		2/18/97 (813) 344-5120 Date Daytime Phone #	

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-97

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