

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N46715**

1. Corporation Name

The James Park / Clearview
Resident Association, Inc.

Principal Place of Business

1050 3rd Ave no K-2
St Petersburg FL 33705

Mailing Address

1050 3rd Ave no K-2
St. Petersburg FL 33705

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

1050 3rd Ave no Apt K-2

3. New Mailing Office Address, If Applicable

1050 3rd Ave

Suite, Apt. #, etc.

Apt K-2

Suite, Apt. #, etc.

Apt K-2

City & State

St Petersburg FL

City & State

St Petersburg, FL

Zip

33705

Country

Pinellas

Zip

33705

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

1996

5. FEI Number

59-3107618

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
President T	Vickie Spradley "T"	1051 3rd Ave no. Apt. F-4	St. Petersburg, FL 33705
Vice President	Genevive Booze "T"	1051 3rd Ave no. Apt B-1	St. Petersburg, FL 33705
Secretary	Alternate Trustee ERica Burden "T"	1051 3rd Ave no Apt B-8	St. Petersburg, FL 33705
Treasurer T	Salondia Joyce "T"	1051 3rd Ave no Apt B-4	St. Petersburg, FL 33705

8. Name and Address of Current Registered Agent

Vickie Spradley
1051 3rd Ave no Apt F-4
St. Petersburg FL 33705

9. Name and Address of New Registered Agent

Name

N/A

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

000002824590-0

Suite, Apt. #, Etc

03/31/99-01005-012

City

***428.75

***428.75

State

Zip Code

FL

33705

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

Vickie Spradley

REGISTERED AGENT MUST SIGN

Date

2/9/99

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:

Vickie Spradley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

Date

(737) 333-3171

Daytime Phone #