


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 # **N48132**

1. Corporation Name

LOYD TINGLER NATURE PARK, INC.

Principal Place of Business

Mailing Address

6460 35TH STREET NORTH
PINELLAS PARK FL 34665-6221
US

6460 35TH STREET NORTH
PINELLAS PARK FL 34665-6221
US

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

REINSTATEMENT

9600

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/1992

5. FEI Number

NOT APPLICABLE

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
D	HUDGINS, VICKI	6310 86TH AVE NORTH	PINELLAS PARK FL
D	MARLOW, HARRY W.	3941 68TH AVE N	PINELLAS PARK FL
D	BURNS, PHILLIP J.	8175 60TH ST N	PINELLAS PARK FL
D	TINGLER, CELESTE	8800 60TH ST N	PINELLAS PARK FL
500002051985--1 01/09/97--01018--011 ****236.25 ****236.25			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KUMIERCYZK, RICHARD
6460 35TH ST. N
PINELLAS PARK FL 34665

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12-23-96

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY W. MARLOW

12-23-96

Date

Daytime Phone #

CR2000 (7/96)