

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JUL 18 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48154

1. Corporation Name

ALADDIN ACRES NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~41000~~ TOTREE LANE
JACKSONVILLE FL 32223
US

~~41000~~ TOTREE LANE
JACKSONVILLE FL 32223
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

Stephen C Harris
Suite, Apt. #, etc.
11843 Totree Ln

11843 Totree Ln
Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State
Jacksonville FL

Zip
32223

Country
Duval

Zip
32223

Country
Duval

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1992

5. FEI Number

59-3107188

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)

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		BARNETT, FRED Harris Stephen C		41000 TOTREE LANE 11843		JACKSONVILLE FL	
T		BLACKFORD, STEVE		11837 NARROW OAK LN. N.		JACKSONVILLE FL	
SD		MARSHA L. BLACKFORD		11837 NARROW OAK LANE		JACKSONVILLE FL	
VP		MCCARTHY, CARL		11802 TUMBLING OAKS LANE		JACKSONVILLE FL	
D		BOSTIC, WAYNE CIRMO, William F		41000 TOTREE LANE 11840		JACKSONVILLE FL	
100007628221-8 -09/10/02--01032--001 ****481.25 ****481.25							

8. Name and Address of Current Registered Agent

BARNETT, FRED
11833 TOTREE LANE
JACKSONVILLE FL 32223

9. Name and Address of New Registered Agent

Name
Stephen C Harris
Street Address (P.O. Box Number is Not Acceptable)
11843 Totree Ln
Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32223

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 7/17/2002

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephen C Harris

Date

7/17/2002 9048809658
Daytime Phone #

CR2E040 (9/98)