

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N48243**

1. Corporation Name

**APOPKA COALITION TO IMPROVE OUR NEIGHBORHOOD, INC.**

Principal Place of Business

% JOHN H. BRIDGES COMMUNITY CENTER  
445 WEST 13TH ST.  
APOPKA FL 32703

Mailing Address

PO BOX 157  
APOPKA FL 32704  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/03/1992

5. FEI Number

59-3117841

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	4 City / State / Zip
DP	KING, RICHARD REV	37 E 19TH STREET	APOPKA FL 32703
DS	WOOD, SHIRLEY	245 EAST CLEVELAND ST.	APOPKA FL
D	DANIELS, R.D. REV	1012 S. CLARCONA ROAD	APOPKA FL
D	FLANDERS, KAREN	8 W 14TH ST	APOPKA FL 32703
DVP	MOORE, CLIFFORT	312 S LAKE AVE	APOPKA FL
D	WASHINGTON, G.H. REV	1028 S. LAKE AVE	APOPKA FL 32703

8. Name and Address of Current Registered Agent

HARGROVE, CHARLES D ESQ  
601 N. MAGNOLIA  
ORLANDO FL 32806

9. Name and Address of New Registered Agent

Name

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

City

REINSTATEMENT 01-02 T8

9000000315728-1

-10/10/02-FL102-004

\*\*\*\*297.50 \*\*\*\*297.50

CR2040 (8/01)

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

*Charles D. Hargrove*  
REGISTERED AGENT MUST SIGN

Date

10-8-02

11. 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:

*Eartha Salmon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-7-02 407-880-0185  
Daytime Phone #