

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -4 AM 8:19

DOCUMENT # N93000001011

1. Corporation Name

GRAND PARK ATHLETIC ASSOCIATION

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
200170454592
03/05/10--01003--002 **61.25

260170454592
02/24/10 01037 003 122.50
CR2E081 (11/09)

WI-4521

2. Principal Office Address - No P.O. Box #

2500 WEST 20TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 12231

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32209

Country

US

City & State

JACKSONVILLE, FL

Zip

32209

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/1993

5. FEI Number

59-3159237

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TAKI SHAMONE STARKES

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

11661 RAINBOW SPRINGS COURT

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32219

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

08-10

REINSTATEMENT

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

See Attached

**M. MILLIGAN
EXAMINER**

Date

REGISTERED AGENT MUST SIGN

MAR -4-2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	ANTHONY STINSON	320 EAST 21ST STREET	JACKSONVILLE, FL 32206
V/D	MACK TAYLOR	5736 EARL CIRCLE N	JACKSONVILLE, FL 32219
T/D	HARRIETTE PRINCE	5248 WASHINGTON ESTATE DRIVE	JACKSONVILLE, FL 32209
S	ANTINESE STINSON	837 MACKINAW STREET	JACKSONVILLE, FL 32254
M/D	RICK WELLS	1222 IDA STREET	JACKSONVILLE, FL 32208
M	IRA LYNNE WHITEHEAD	1038 WOODBRIDGE HOLLOW RD	JACKSONVILLE, FL 32218

10. E-mail Address: **CANIDETAIL@AOL.COM**

(To be used for future annual report notification)

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. I further certify 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:

Ang

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

Daytime Phone #

3/1/2010

2/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # NR 3000001011			
1. Corporation Name GRAND PARK ATHLETIC ASSOCIATION			
2. Principal Office Address - No P.O. Box # 2500 WEST 20TH STREET Suite, Apt. #, etc.		3. Mailing Office Address P.O. BOX 12231 Suite, Apt. #, etc.	
City & State JACKSONVILLE FL		City & State JACKSONVILLE, FL	
Zip 32209	Country US	Zip 32209	Country US
7. Name and Address of Current Registered Agent Name TAKI SHAMONE STARKES Street Address (P.O. Box Number Not Acceptable) 11661 RAINBOW SPRINGS COURT Suite, Apt. #, Etc. City JACKSONVILLE State FL Zip Code 32219		4. Date Incorporated or Qualified To Do Business in Florida 02/26/1993 5. FEI Number 59-3159237 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 17.0503, F.S. Signature of Registered Agent <i>Taki Starkes</i> Date 3/1/10 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Names of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	ANTHONY STINSON	320 EAST 21ST STREET	JACKSONVILLE, FL 32206
V/D	MACK TAYLOR	5736 EARL CIRCLE N	JACKSONVILLE, FL 32219
T/D	HARRIETTE PRINCE	5248 WASHINGTON ESTATE DRIVE	JACKSONVILLE, FL 32209
S	ANTINETE STINSON	837 MACKINAW STREET	JACKSONVILLE, FL 32254
M/D	RICK WELLS	1222 IDA STREET	JACKSONVILLE, FL 32208
M	IRA LYN WHITEHEAD	1038 WOODBRIDGE HOLLOW RD	JACKSONVILLE, FL 32218
10. E-mail Address: DETAIL@AOL.COM <small>(To be used for future annual report notification)</small>			
11. I certify that I am an officer, director or trustee of the corporation and that I am not a disqualified person as defined in section 607.0505, F.S. I further certify that when filing this application, the corporation has been in compliance with the requirements of section 607.0505, F.S. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if I had signed it in person. SIGNATURE <i>Taki Starkes</i> Date 3/1/10			