

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 # **N94000000239**

1. Corporation Name

JIM CREWS COMMUNITY PLAYGROUND, INC.

FILED

96 DEC -4 PM 3: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

124 W OAK STREET
ARCADIA FL 33821
US

124 W OAK STREET
ARCADIA FL 33821
US

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

REINSTATEMENT

2. New Principal Office Address, If Applicable

1026 Park View Rd.
Suite, Apt. #, etc.
Arcadia, FL 34266

3. New Mailing Office Address, If Applicable

1026 Park View Rd.
Suite, Apt. #, etc.
Arcadia, FL

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/1994

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
PD	MC GOWAN, SCOTT A	1026 PARK VIEW RD	ARCADIA FL 34266
D	NUGENT, KIMBERLY A	RT 7, BOX 250	ARCADIA FL 34266
TD	BREWER, JAN	1162 HENRY BARROW AVENUE	ARCADIA FL 34266

8. Name and Address of Current Registered Agent

CARLTON, DAVID P
124 N BREVARD AVE
ARCADIA FL 33821-34266

9. Name and Address of New Registered Agent

Name

500002021535--1

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

12708/96--01009--005

Suite, Apt. #, Etc.

***236.25 ***236.25

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date 10/23/96

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/96
Date

941-454-6570
Daytime Phone #