

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 19 PM 2:42

DOCUMENT # N94000000764

1. Corporation Name

WASHINGTON PARK HOMEOWNER'S, INC.

Principal Place of Business

Mailing Address

JIMMY DAVIDSON'S RESIDENCE  
617 WILSON ST.  
MOORE HAVEN FL 33471

P.O. BOX 484  
MOORE HAVEN FL 33471

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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/15/1994

5. FEI Number

APPLIED FOR

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
ASD	BROWN, ANNIE MARGARET	410 ORCHARD AVENUE	MOORE HAVEN FL 33471
T	PIERCE, DARRELL	1085 PIERCE STREET	MOORE HAVEN FL 33471
AT	GRAY, JANIE	P.O. BOX 791 N/A	MOORE HAVEN FL 33471
FS	BROWN, PATRICIA	206 10TH STREET	MOORE HAVEN FL 33471
PD	DAVIDSON, PAROLYN M	617 WILSON STREET	MOORE HAVEN FL 33471
CD	LEAVY, LILLIE	1025 NW THOMAS STREET	MOORE HAVEN FL 33471

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVIDSON, JIMMY  
617 WILSON ST.  
MOORE HAVEN FL 33471

Name

Street Address (P.O. Box Number is not acceptable) 100003454691--0

Suite, Apt. #, Etc.

11/07/00--01039-406  
\*\*\*236.25 \*\*\*236.25

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

*Jimmy Davidson*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-16-2000

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:

*Jimmy Davidson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-2000 813-916-1935

CR2E040 (9/00)