

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 AUG 26 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001-2002

DOCUMENT # N94000000764

1. Corporation Name

WASHINGTON PARK HOMEOWNER'S, INC.

Principal Place of Business

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

Mailing Address

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
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

DAVIDSON, JIMMY
617 WILSON ST.
MOORE HAVEN FL 33471

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

500007511089--1
09/04/02-01042-006
***263.25 ***263.25

CPREC40 (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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

8-21-02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-21-02

Daytime Phone #