## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEM			S	DEPART ecretary	of St			FILED  09 OCT 15 AM 7: 29	
DOCUMENT # N9400001248  1. Corporation Name									SECRETARY OF STATE TALLAHASSEE, FLORIO	
Polk Association of Code Enforcement, Inc.								90 10/15	0 <b>01617691</b> 09 /0901836001 **122.50	
	I Office Addre	P.O. Box #					REIN	STATEMENTOY-		
Suite, Apt. #	t, etc. est Church	et	Suite. Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida 03/14/94			
City & State Bartow, Florida				City & State Bartow, Florida				5. FEI Number         Applied For           59-3077396         Not Applicable		
Zip 33830		Countr	у	Zip 33831	••	Count	try	6. CERTIFICATE		
7. Name and Address of Current Registered Agent										
Name Don Corder							☑ 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 he waited.			
Street Address (P.O. Box Number is Not Acceptable) 1104 Martin L. King Jr. Boulevard										
Suite, Apt. #, Etc.										
<sup>City</sup> Lakelar	nd		State Zip Code FL 33805				_ fee be waived.			
8. I, being appointed the registered agent of the pove named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Park Park Park Park Park Park Park Park										
9. Names	and Street Ar	dresses					orations must list at le	east 3 directors)		
Titles	Name of				Street Address of Eac				City / State / Zip	
Р	Sterling L. King				P.O. Box 9005-Drawer CS03			03	Bartow, Florida 33831-9005	
>	Don Core			1104 Martin L. King Jr. Boulevard			ulevard	Lakeland, Florida 33805		
Τ	Angella (	nor		133 East Tillman Avenue				Lake Wales, Florida 33853		
Ø	Denise Bryant-Kendrick				P.O. Box 9005-Drawer CS03			03	Bartow, Florida 33831-9005	
									0,10/16	
10. 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 contained in Chapter 119, 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:  Sterling L. King 10/08/09 863 899-8700										
l	· si	GNATUR	E AND TYPED OF P	RINTED NAME OF			R DIRECTOR		Date Daytime Phone #	