

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N94000001617

1. Corporation Name

Central Boulevard Holding Corporation

Principal Place of Business

Mailing Address

Rt 5 Box 5473

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

2. New Principal Office Address, If Applicable

Rt 5 Box 5473

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Monticello, FL

City & State

FL

Zip

32344

Country

USA

Zip

Country

REINSTATEMENT 08-99

4. Date Incorporated or Qualified
To Do Business in Florida

4-29-1991

5. FEI Number

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
President	Tom Daulton	1110 NW 129 St	Miami FL 33168
Vice President	Michael P. Newcomb	7075 W. Red Av	Walesh FL 33014
Treasurer	Joe E Davis	Rt 5 Box 5473	Monticello FL 32344

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8. Name and Address of Current Registered Agent

Joe E. Davis
Rt 5 Box 5473
Monticello, FL 32344

9. Name and Address of New Registered Agent

Name

TB

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

Suite, Apt. #, Etc.

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

Joe E Davis

REGISTERED AGENT MUST SIGN

Date 6-2-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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:

Joe E Davis

Joe E. DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-99 (88) 921-1146

Date

Daytime Phone #

CR2E061 (12/98)