

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR

~~REINSTATEMENT~~

1996 ANNUAL REPORT
DOCUMENT # N94000061974



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

Concerned Citizens of Holiday
Lake Apts.

Principal Place of Business

Mailing Address

733 North Power Rd.
Pompano Beach, FL. 33069

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 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

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PO	Lore, Lela	611 N. Powerline Rd. Pompano Beach, FL. 33069	Pompano Beach, FL. 33069
VO	Boykin, Michael	751 N. Powerline Rd.	Pompano Beach, FL. 33069
VO	V. Thomas	701 N. Powerline Rd.	Pompano Beach, FL. 33069
SD	Betty Smith	629 N. Powerline Rd.	Pompano Beach, FL. 33069
TD	Claudia Atkins	914 N. Powerline Rd.	Pompano Beach, FL. 33069
Parliamentarian	Lillie Willis	753 N. Powerline Rd.	Pompano Beach, FL. 33069

8. Name and Address of Current Registered Agent

Boykin, Michael
751 North Powerline Road #24
Pompano Beach FL. 33069

9. Name and Address of New Registered Agent

Name Same

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

Michael C. Boykin

REGISTERED AGENT MUST SIGN

Date

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further 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., and that all 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., and that all fees owed by the corporation have been paid. 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

4/28/96

Date

944-2933

Daytime Phone #

CR2E(M) (12/95)