

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 NOV -6 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003226**

1. Corporation Name

**Friends of Franklin Park
Community Association, Inc.**

2. Principal Office Address

2430 NW 9 Street

Suite, Apt. #, etc.

N/A

City & State

Ft. Lauderdale, Florida

Zip **33316**

Country **Broward**

3. Mailing Office Address

Same

Suite, Apt. #, etc.

N/A

City & State

Same

Zip

Same

Country

Same

REINSTATEMENT 99.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/28/94

5. FEI Number

65-0514270

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

MELVIN D. DAVIS, SENIOR

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

2430 NW 9 Street

900003483859-0
-12/04/00-01006-005
*******245.00 *****245.00**

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33316

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/21/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	MELVIN D. DAVIS, SR.	2430 NW 9 Street	Ft. Lauderdale, FL 33316
President	Barbette D. Davis	2430 NW 9 Street	Ft. Lauderdale, FL 33316
Secretary	Diana Thompson	2060 NW 6 Ave	Pompano, FL 33060
Treasurer	Jewel L. Lewis	880 NW 25 Ave	Ft. Lauderdale, FL 33311
		900003483859-0 -12/04/00-01006-005 *****52.50 *****52.50	LS LS

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/21/00 (954) 581-1148

Daytime Phone #