

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 10 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000000051**

1. Corporation Name

SMOKERISE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

RT 1 BOX 438-B HWY 121 SOUTH
MCCLenny FL 32063

~~RT 1 BOX 438-B HWY 121 SOUTH~~
~~MCCLenny FL 32063~~



REINSTATEMENT 01-02

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/1995

5. FEI Number

59-3257566

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	4 City / State / Zip
PD	INGRAM, JOHN P JR	RT 1 BOX 438-B HWY 121 SOUTH	MCCLenny FL 32063
D	CHUPP, CHARLES	1357 W. BEAVER ST	JAX FL 32209
D	KIRKLAND, JUNE	1357 W. BEAVER ST	JAX FL 32209

000005575570--6
-05/21/02--01003--005
****297.50 ****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

INGRAM, JOHN P JR
731 1ST ST SOUTH #3A
JACKSONVILLE BEACH FL 32250

→ New
address

Name

INGRAM JOHN P JR

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

1981 WEST RD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32216

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

REGISTERED AGENT MUST SIGN

Date

5/6/02

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

JOHN P INGRAM, JR

Date

Daytime Phone #

5/6 (904) 993-7511

CR2E040 (8/01)