

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N96000000174**

1. Corporation Name

THE BOGGY CREEK GANG FOUNDATION, INC.

Principal Place of Business

**30500 BRANTLEY BRANCH ROAD
EUSTIS FL 32736-9596
US**

Mailing Address

**30500 BRANTLEY BRANCH ROAD
EUSTIS FL 32736-9596
US**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/1995

5. FEI Number

59-3378914

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	PALMER, WHITFIELD	30500 BERANTLEY BRANCH ROAD	EUSTIS FL 32736
DS	BREWERTON, JOHN L III	250 N ORANGE AVE, #1700	ORLANDO FL
DVP	GLOFFIELD, JOSEPH K	30500 BRANTLEY BRANCH ROAD	EUSTIS F 32736
DCH	Ellis, James R.	30500 Brantley Branch Rd	Eustis, FL 32736
			600004961726--3
			-02/20/02-01064-017
			****297.50 ****297.50

8. Name and Address of Current Registered Agent

**BREWERTON, JOHN L III
250 N ORANGE AVE
STE 1700
ORLANDO FL 32801**

9. Name and Address of New Registered Agent

Name

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/15/01

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

[Signature]

Date

11/15/01

Daytime Phone #

407.649.9500

CR2E040 (8/01)