

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N97000004576

1. Corporation Name

KINGS PARK MOBILE HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address

1659 Hwy. 70W.

Suite, Apt. #, etc.

Lot #16

City & State

Okeechobee, FL.

Zip

Country

34972-4003

Okeechobee

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99-00

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

Aug. 8, 1997

5. FEI Number

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

Colin M. Cameron, Esquire

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

200 N.E. 4th Avenue

Suite, Apt. #, Etc.

City

Okeechobee

State
FL

Zip Code
34972

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

REGISTERED AGENT MUST SIGN

Date

July 20, 2000

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
Pres.	Bobby Diles D	1659 Hwy. 70W Lot #17.	Okeechobee, FL. 34972
V.P.			
Treas.	Michael S. Jones D	1659 Hwy. 70W Lot #16	Okeechobee, FL. 34972
Sec.	Debbie Overton D	1659 Hwy. 70W Lot #34	Okeechobee, FL. 34972

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:

MICHAEL S. JONES
Michael S. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 3, 2000

Date

863-357-7538

Daytime Phone #

CR2E081 (9/99)