

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 APR 15 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 98 000 000 291*

1. Corporation Name

*HOME MOBILE HOME PARK TENANTS ASSOCIATION
INC.*

2. Principal Office Address - No P.O. Box #

412 SW 8TH TERR

Suite, Apt. #, etc.

3. Mailing Office Address

412 SW 8TH TERR

Suite, Apt. #, etc.

City & State

HALLANDALE FL

City & State

HALLANDALE FL

Zip

33009

Country

BROWARD

Zip

33009

Country

BROWARD

300229149873

04/16/12--01002--003 **306.25

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1-20-98

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

ULERY, IDA MAE

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

412 SW 8TH TERR

Suite, Apt. #, Etc.

City

HALLANDALE

State

FL

Zip Code

33009

REINSTATEMENT
2011-12

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

x Ida Mae Ulery

Date *4-09-12*

REGISTERED AGENT MUST SIGN

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
<i>P/D</i>	<i>SNOW, PAUL B</i>	<i>815 NASH ST</i>	<i>HALLANDALE FL 33009</i>
<i>V/D</i>	<i>HAAS, SUZANNE</i>	<i>412 SW 8TH TERR</i>	<i>HALLANDALE FL 33009</i>
<i>T/D</i>	<i>BEAULIEU, ROGER</i>	<i>803 BUCK ST</i>	<i>HALLANDALE FL 33009</i>
<i>S/D</i>	<i>BOHENA, CONSUELO</i>	<i>807 DAILY DR</i>	<i>HALLANDALE FL 33009</i>
<i>R.A/D</i>	<i>ULERY, IDA MAE</i>	<i>412 SW 8TH TERR</i>	<i>HALLANDALE FL 33009</i>

10. E-mail Address:

BODJ@COMCAST.NET

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Suzanne Haas

SUZANNE HAAS V-D

4-09-12

954 456-8257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #