

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 20 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001919

1. Corporation Name

MAGNOLIA PLACE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1124 ALACHUA AVENUE  
TALLAHASSEE FL 32308

1124 ALACHUA AVENUE  
TALLAHASSEE FL 32308



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

4. Date Incorporated or Qualified  
To Do Business in Florida

04/02/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

5. FEI Number

NOT APPLICABLE

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	BOOTH, HURLEY H JR	1124 ALACHUA AVENUE	TALLAHASSEE FL 32308
D	BOOTH, FRANCIS M	1124 ALACHUA AVENUE	TALLAHASSEE FL 32308
D	RAINES, MARK P	2800 GERALD DRIVE	TALLAHASSEE FL 32310

Spoke to Shawn on 10/22/02 @ 11:07am  
payment was made 1/31/02 CR# 1040  
keeping directors as is.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOVETT, JOHN C  
106 E COLLEGE AVENUE  
SUITE 1200  
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

Francis Booth  
REGISTERED AGENT MUST SIGN

Date

10/22/02

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)(f), 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

Date

Daytime Phone #

10/22/02

2082  
**Frances Meginniss Booth Trust**

• 631 Chancey Lane, Tallahassee, FL 32308 • Phone (850) 222-7934 • Fax (850) 224-0594

November 18, 2002

Florida Department of State  
Division of Corporations  
Attn: Barbara Mitchell  
PO Box 6327  
Tallahassee, FL 32314

Re: N98000001919

Dear Mrs. Mitchell:

On January 31, 2002 we sent a check for \$61.25 check # 1040 for filing fees for Magnolia Place Subdivision Homeowners Association, Inc document # N98000001919. In October 2002 we were informed via letter that our corporation was never filed therefore dissolved. We ask that it be reinstated and that any late fees be waved. I would also like to note that our mailing address has changed. The new address is 1208 Hays Street, Tallahassee, FL 32301. We appreciate your assistance with this matter. Please call me if you need any further information. Thanks again.

Your Truly,



Frances M Booth  
Director