PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 4:33

DOCUMENT # N99000001401

1. Corporation Name

QUINTETTE COMMUNITY PARK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7420 QUINTETTE LN.	1957 STACEY Rd
[redacted]	[redacted]
CANTONMENT FL 32533	CANTONMENT FL 32533
C/O BARBARA DUKES	C/O BARBARA J. DUKES
1957 STACEY Rd. CANTONMENT FL 32533	

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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1957 STACEY Rd	
Suite, Apt. #, etc. C/O BARBARA DUKES	Suite, Apt. #, etc.
City & State CANTONMENT, Florida	City & State
Zip 32533 Country ESCAMBIA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/03/1999

5. FEI Number: 59-3573043 ☐ 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
CD	[redacted] GENE MCCANT 2184 Welcome Circle	[redacted] 2184 Welcome Circle	[redacted] CANTONMENT, FL. 32533
VCSD	DUKES, BARBARA	1957 STACEY RD.	CANTONMENT FL 32533
DT	SANDERS, DAVID	2945 HWY 95-A NORTH	CANTONMENT FL 32533
D	[redacted]	[redacted]	[redacted]
FSD	SPENCER, CAMILLA	376 WELCOME CIRCLE	CANTONMENT FL 32533

8. Name and Address of Current Registered Agent

DUKES, BARBARA
1957 STACEY RD.
CANTONMENT FL 32533

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State

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CR2E040 (8/01)

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: Barbara J. Dukes Barbara J. Dukes
REGISTERED AGENT MUST SIGN

Date: 10-24-01

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: Barbara J. Dukes / BARBARA JEAN DUKES 10-24-01 850 968-3476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #