

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N99000002933

1. Corporation Name

GREATER FLAMINGO PARK CIVIC ASSOCIATION, INC.

FILED

01 JAN 31 AM 8:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

2301 SW 16TH CT.
FT. LAUDERDALE FL 33312

2301 SW 16TH CT.
FT. LAUDERDALE FL 33312



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

05/10/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0953195

Not Applicable

Zip

Country

Zip

Country

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
P	GYPSY Miller	2217 SW 15 ST.	FORT LAUDERDALE FLORIDA 33312
VP	CYNTHIA JACOBSON	1661 SW 22 AVE	FORT LAUDERDALE FLORIDA 33312
T	CYNTHIA JACOBSON	1661 SW 22 AVE	FORT LAUDERDALE FLORIDA 33312
S	Debbie DiRosato	2101 SW 23 AVE	FORT LAUDERDALE FLORIDA 33312
D	DENNIS DEROLF	2301 SW 16 CT	FORT LAUDERDALE FLORIDA 33312
D	JURGEN D. BAUM	1660 SW 23 AVE	FORT LAUDERDALE FLORIDA 33312

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

GYPSY Miller

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

2217 SW 15 Street

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33312

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

Gypsy Miller
REGISTERED AGENT MUST SIGN

Date 1/25/01

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:

Gypsy Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/01

Daytime Phone #

CR2E040 (8/00)

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