

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV -7 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000008592800

11/07/02--01049--022 **400.00



DOCUMENT # P00000004113

1. Corporation Name

ALAFIA RIVER TRAILER PARK & BEER SHED, INCORPORATED

Principal Place of Business

11208 MCMULLEN LOOP
RIVERVIEW FL 33569

Mailing Address

11208 MCMULLEN LOOP
RIVERVIEW FL 33569

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/2000

5. FEI Number

59-3619784

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
PD	BROWN, JOANNA	11208 MCMULLEN LOOP	RIVERVIEW FL 33569
VSD	BROWN, MAX	11208 MCMULLEN LOOP	RIVERVIEW FL 33569

000008592800
10/25/02--01054--014 **150.00

8. Name and Address of Current Registered Agent

LAWSON, MONICA Z
2403 STATE STREET
TAMPA FL 33609

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Monica Z Lawson
SIGNATURE REQUIRED
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)(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:

JOANNA M. BROWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02 8136772085

Date

Daytime Phone #

CR2E040 (8/02)

ALAFIA RIVER TRPK & BEER SHED INC.
Doc# P00000004113

10-22-02
2052

We did not receive a second notice on this paperwork.

We misunderstood the first paperwork & did not mail it in at that time.

Around the time of the second notice we started having trouble with our mail, our Post Office was broken into & mail stolen.

We pay everything on time & would have sent this in with second notice had we received it.

I'm mailing a check for \$150.00 with the reinstatement papers.

JOANNA M. BROWN
Joanna M. Brown
PRES.
FEI #
59-3619784

DO NOT DETACH!