

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

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FILED

02 NOV -6 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000036400

1. Corporation Name

TORCHLIGHT TRAILER PARK, INC.

Principal Place of Business

10201 US HWY 27 S., BOX 1  
CLERMONT FL 34711

Mailing Address

10201 US HWY 27 S., BOX 1  
CLERMONT FL 34711



900008816579  
11/06/02--01006--027 \*\*150.00

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

04/11/2000

5. FEI Number

59-3638155

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPT	ENGATES, DOUGLAS	10201 US HWY 27 S., BOX 1	CLERMONT FL 34711

8. Name and Address of Current Registered Agent

ENGATES, DOUGLAS  
10201 US HWY 27 S., BOX 1  
CLERMONT, FL 34711

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

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-28-02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-28-02

Daytime Phone #

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*Assured Accounting Concepts, Inc.*

240 Mohawk Road  
Clermont, Florida 34711  
352-394-4048  
Fax 352-394-3272

119 W. Lemon Street  
Lady Lake, Florida 32159  
352-753-1337  
Fax 352-753-9336

October 29, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Torchlight Trailer Park, Inc.  
59-3638155

Dear Sir or Madam:

Enclosed please find the Application for Reinstatement for the above referenced corporation. Also enclosed is check #4095 in the amount of \$150.00.

The Registered Agent, Douglas Engates did not receive the first two Uniform Business Reports. The location of the mailbox is apart of several boxes for the residents who live at the mobile home park. Rent checks and other mail have been reported missing all year. Mr. and Mrs. Engates have had five temporary mail carriers this year and as of this date still have no permanent carrier. These are the only reasonable causes that we know, as to why the Uniform Business Reports were not received. The Engates will be happy to sign an affidavit regarding this.

We are respectfully requesting that the penalties be abated and the \$150.00 be accepted for the filing of this reinstatement. Thank you for your attention in this matter.

Very truly yours,

  
Peggy L. Abraham

PLA/mm

Encs.

cc: Torchlight Trailer Park, Inc.