

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 25 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000085330

1. Corporation Name

EMERALD LAKE MOBILE PARK, INC.

REINSTATEMENT

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

Dec 14, 1993

5. FEI Number

59-3215042

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

2. Principal Office Address - No P.O. Box #

200 Jeremy Dr.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVENPORT, FL

City & State

Zip

33837

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Charles H STEVENS

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

200 Jeremy Dr.

Suite, Apt. #, Etc.

City

DAVENPORT, FL

State

FL

Zip Code

33837

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Charles H Stevens

Date 1-23-08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres</u>	<u>Charles H STEVENS</u>	<u>200 Jeremy Dr.</u>	<u>DAVENPORT FL 33837</u>
<u>SUC</u>	<u>KAREN STEVENS</u>	<u>8031 Bangle Ln.</u>	<u>ORLANDO, FL 32836</u>
<u>OPRES</u>	<u>KAREN STEVENS</u>	<u>8031 Bangle Ln.</u>	<u>ORLANDO, FL 32836</u>
<u>TREAS</u>	<u>Charles H STEVENS</u>	<u>200 Jeremy Dr.</u>	<u>DAVENPORT FL 33837</u>

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01/25/08--01033--014 **1050.00

10. 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 contained in Chapter 119, 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:

Charles H Stevens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-07

Date

Daytime Phone #

407 341 3203