

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY 13 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 9950000 92047

1. Corporation Name

NORTHMONT MOBILE VILLAGE, INC.

Principal Place of Business

Mailing Address

**6980 N. U.S. Highway 441
Ocala, FL 34475**

**721 Imar Drive
Sun City Center, FL
33573**

100002528321 - - R
-05/19/98--01017--006
****900.00 ****900.00

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

**6980 N. U.S. Highway 441
Suite, Apt. #, etc.**

**721 Imar Drive
Suite, Apt. #, etc.**

4. Date Incorporated or Qualified
To Do Business in Florida

January, 1996

5. FEI Number

59-3347884

Applied For

Not Applicable

City & State

Ocala, FL

City & State

Sun City Center, FL

Zip

34475

Country

Zip

33573

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Trustee	Timothy Lucas	721 Imar Drive	Sun City Center, FL 33573

REINSTATEMENT 97-98
5-18-98

8. Name and Address of Current Registered Agent

**Frederick Noel Clark
721 Imar Drive
Sun City Center, FL 33573**

9. Name and Address of New Registered Agent

Name

~~Joe Farmer~~ Elisa Ganceres

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

6980 N. U.S. Highway 441

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34475

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

Joseph A. Farmer Elisa Ganceres
REGISTERED AGENT MUST SIGN

Date

3/20/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

Timothy Lucas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/98 813 634 8181
Date Daytime Phone #

CR20040 (1/98)