

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

APPROVED AND FILED

97 OCT 14 AM 11:55

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000102958

1. Corporation Name  
**TOWN PARK DEVELOPMENT COMPANY**

Principal Place of Business Mailing Address

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

2. New Principal Office Address, If Applicable <b>3925 S. Nova Rd.</b>		3. New Mailing Office Address, If Applicable <b>P.O. Box 291338</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>12/23/96</b>	
Suite, Apt. #, etc. <b>Suite 2</b>		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State <b>Port Orange, FL</b>		City & State <b>Port Orange, FL</b>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip <b>32127</b>	Country	Zip <b>32129</b>	Country		

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
P	Jerry Johnson, Sr.	3925 S. Nova Rd., Suite 2	Port Orange, FL 32127
V/S/T	Jerry S. Johnson, Jr.	3925 S. Nova Rd., Suite 2	Port Orange, FL 32127

**REINSTATEMENT 1997**  
*a. alan*  
*10/14/97*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name <b>Jerry Johnson, Sr.</b>	
Street Address (P.O. Box Numbers, Not Applicable) <b>3925 S. Nova Rd. -10/15/97--D1036--006</b>	
Suite, Apt. #, Etc. <b>Suite 2</b>	
City <b>Port Orange</b>	State Zip Code <b>FL 32127</b>

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 *[Signature]* REGISTERED AGENT MUST SIGN Date **October 8, 1997**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Jerry Johnson, Sr., President**  
 Date **10/8/97** Daytime Phone # **904/767-8000**

CR2040 (12/96)