

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB -8 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000104031

1. Corporation Name

OLD Fort Trailer Park, Inc.

2. Principal Office Address

3910 Dixie Hwy NE

Suite, Apt. #, etc.

City & State

Palm Bay, FL

Zip

32905

Country

US

3. Mailing Office Address

1026 Pineapple Ave NE

Suite, Apt. #, etc.

City & State

Palm Bay, FL

Zip

32905

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

12/5/97

5. FEI Number

59-3484165

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kevin R. Bouley

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

1026 Pineapple Ave NE

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32905

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

Kevin R. Bouley, Pres

REGISTERED AGENT MUST SIGN

Date

2/8/02

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
P/D	Kevin R. Bouley	1026 Pineapple Ave NE	Palm Bay, FL 32905
V/D	Sharalyn B. Bouley	1026 Pineapple Ave NE	Palm Bay, FL 32905

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 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:

Kevin R. Bouley, Pres. Kevin R. Bouley, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/8/02

Daytime Phone #

321-674-2081

CR2E081 (9/00)