

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S36655

1. Corporation Name

GULFLAND MOBILE HOME PARK, INC.

Principal Place of Business

Mailing Address

5219 LIMIT DRIVE
NEW PORT RICHEY FL 34652

5219 LIMIT DRIVE
NEW PORT RICHEY FL 34652

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/1991

5. FEI Number

59-3055685

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	TINDELL, IMOGENE	6913 TIERRA LINDA ST	PORT RICHEY FL
V	TINDELL, STEVEN	6913 TIERRA LINDA ST	PORT RICHEY FL
ST	TINDELL, SAMUEL B	8155 SAYBROOK DR	PORT RICHEY FL
			400004658274--4 -10/30/01--01006--012 ****750.00 ****750.00 JBT/10/26

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TINDELL, IMOGENE
6913 TIERRA LINDA ST
PORT RICHEY FL 34668

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10-15-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Samuel B. Tindell Samuel B. Tindell 10-15-01 (727) 845-0250

CR2040 (8/01)