

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



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

FILED

97 MAY 12 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N02889**

1. Corporation Name  
**SALT SPRINGS MOBILE HOME ASSOCIATION, INC.**

Principal Place of Business Mailing Address

**25331 NE 136TH LANE  
FT. MC COY FL 32134**

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

**05/04/1984**

5. FEI Number

**59-2620494**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT** *90-97*

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	DINGMAN, HOWARD J.	25331 NE 136TH LANE	SALT SPRINGS FL 32134
V/D	SMITH, HOWARD	2526 ONE 139TH ST	SALT SPRINGS FL 32134
S/D	DINGMAN, CAROL	25331 NE 136TH LANE	SALT SPRINGS FL 32134
T/D	VAN BRUGGEN, SHIRLEY	25261 NE 137TH PLACE	SALT SPRINGS FL 32134
D	JANDNIS, ARLYNE	25221 NE 137TH PLACE	SALT SPRINGS FL 32134
D	PEYTON, ETHEL	25242 NE 137TH PLACE	SALT SPRINGS FL 32134

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
**DINGMAN, HOWARD**  
Street Address (P.O. Box Number is Not Acceptable)  
**25331 NE 136TH LANE**  
Suite, Apt. #, Etc.

City  
**SALT SPRINGS**

State Zip Code  
**FL 32134**

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

*Howard J. Dingman*  
REGISTERED AGENT MUST SIGN

Date **April 23, 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.)

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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 of the Florida Statutes. I further certify that I have filed this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 of the Florida Statutes, that all taxes 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:

*Howard J. Dingman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**HOWARD J. DINGMAN**

*April 22, 1997* Date **(352) 685-0171** Daytime Phone #

CR2ED90 (1/2/96)

**Additional Directors and their addresses for Salt Springs Mobile Home Association, Inc.**

D	VanBruggen, Jacob	25261 NE 137th Place	Salt Springs FL 32134
D	Sarancn, Margarete	25181 NE 139th Street	Salt Springs FL 32134
D	Peyton, William	25242 NE 137th Place	Salt Springs FL 32134
D	Graham, Linda	25319 NE 137th Place	Salt Springs FL 32134