PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -7 PM 4:00

DOCUMENT # **K40106**

1. Corporation Name

SANIBEL CENTER CORPORATION

Principal Place of Business	Mailing Address
15411 CAPTIVA RD STE 8A CAPTIVA FL 33924 US	PO BOX 38 CAPTIVA FL 33924 US

REINSTATEMENT 01

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
Sanibel Center Corporation	Sanibel Center Corporation
Suite, Apt. #, etc. 5130 Fox Hunt Drive	Suite, Apt. #, etc. 5130 Fox Hunt Drive
City & State Wesley Chapel, FL	City & State Wesley Chapel FL 33543
Zip 33543 Country USA	Zip 33543 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/17/1988

5. FEI Number: 65-0064608 — 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GROSS, EVELYN	15411 8A CAPTIVA RD.	CAPTIVA FL

300004740073--1
-12/26/01--01107--003
****758.50 ****758.50

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
FOX & ELLIS 4020 DELPRADO S SUITE A-1 CAPE CORAL FL 33904	Name: Evelyn Gross Street Address (P.O. Box Number is Not Acceptable): 5130 Fox Hunt Drive Suite, Apt. #, Etc: Wesley Chapel NONE City: Wesley Chapel State: FL Zip Code: 33543

CR2E040 (8/01)

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 REQUIRED Evelyn Gross
REGISTERED AGENT MUST SIGN

Date: 12-04-2001

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 REQUIRED Evelyn Gross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

AD

813 994-6860

Daytime Phone #