



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUN -5 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

NO1499

1. Corporation Name

THE SANIBEL PLACE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~744 MARTHAS LANE~~
SANIBEL, FL 33957

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

4. Date Incorporated or Qualified To Do Business in Florida

2/16/84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

33-8303126

Applied For

City & State

SANIBEL FL

City & State

SANIBEL FL

Not Applicable

Zip

33957

Country

USA

Zip

33957

Country

USA

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)	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	CHRISTINE P. ANDREWS	743 MARTHAS LANE	SANIBEL, FL 33957
V/S ^{-D}	PAUL D. ANDREWS	743 MARTHAS LANE	SANIBEL, FL 33957
T-D	JOAN BLACK	747 MARTHAS LANE	SANIBEL, FL 33957

REINSTATEMENT 94-00 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAY A. BRETT
2121 WEST FIRST ST.
FT. MYERS, FL 33901

Name CHRISTINE P. ANDREWS

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

743 MARTHAS LANE

Suite, Apt. #, Etc.

City

SANIBEL, FL 33957

State

FL

Zip Code

33957

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

Christine P. Andrews

REGISTERED AGENT MUST SIGN

Date

6/2/00

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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:

Christine P. Andrews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINE P. ANDREWS, PRESIDENT

6/2/00

Date

941/472-3156

Daytime Phone #

CR2E081 (12/98)