

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N95000003021

1. Corporation Name

MT. OLIVE COMMUNITY SERVICES CORPORATION

Principal Place of Business

2754 ORANGE STREET
FORT MYERS FL 33916

Mailing Address

2754 ORANGE STREET
FORT MYERS FL 33916

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

5. FEI Number

65-0578834

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	NORTH, JOSEPH R.	2256 HEITMAN ST	FORT MYERS FL
VD	LEAVER, WAYNE	4025 SANDLEWOOD LANE STE 4	FORT MYERS FL 33916
SD	KELLY, LORI	1950 HENDERSON AVENUE	FORT MYERS FL 33916
TD	BOBO, ROBERT	6474 ROYAL WOODS DRIVE	FORT MYERS FL 33908
D	ADAMS, NEAL JR.	3109 DR. MARTIN LUTHER KING JR.	FORT MYERS FL 33916
D	NEWTON, GERALD	3920 MICHIGAN AVENUE	FORT MYERS FL 33916

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STOCKTON, ALAN B REV.
2754 ORANGE STREET
FORT MYERS FL 33916

REINSTATEMENT

Name

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Alan B. Stockton
REGISTERED AGENT MUST SIGN

REQUIRED

Date

November 17, 1998

11. This corporation owes or has paid 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:

Neal Adams Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 17, 1998 (41) 997-2525
Date Daytime Phone #

CR2E040 (9/98)