

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



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

FILED

00 OCT 23 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000002439

1. Corporation Name

EDISON PARK NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~1750 MARLYN ROAD
FORT MYERS FL 33901~~

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FORT MYERS FL 33901~~



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	
Suite, Apt. #, etc. 2454 EUCLID AVENUE		Suite, Apt. #, etc. 2454 EUCLID AVENUE		04/16/1999	
City & State FORT MYERS - FLORIDA		City & State FORT MYERS, FLORIDA		5. FEI Number 65-0991391	
Zip 33901		Country USA		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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	400003454954-9 -11/07/00-001051-012 ****236.25 ****236.25
D	WOLEY, KEN	1846 ARDMORE	FORT MYERS FL 33901
D	O'MAILIA, CHERI O	1806 MONTE VISTA	FORT MYERS FL 33901
D	DEBOEST, RICHARD II	1750 MARLYN ROAD	FORT MYERS FL 33901
D/P	ROBERT ERNST	2454 EUCLID	FORT MYERS FL 33901
D	MARSA DETSCHER	1803 ARDMORE	FORT MYERS, FL 33901

8. Name and Address of Current Registered Agent

REINSTATEMENT 06-18

9. Name and Address of New Registered Agent

DEBOEST, RICHARD II 1750 MARLYN ROAD FORT MYERS FL 33901		Name ROBERT ERNST	
		Street Address (P.O. Box Number is Not Acceptable) 2454 EUCLID AVE	
		Suite, Apt. #, Etc.	
		City FORT MYERS	State FL
		Zip Code 33901	

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: Robert J. Ernst Date: 10-16-00

REGISTERED AGENT MUST SIGN

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: Robert J. Ernst ROBERT ERNST Date: 10-16-00 941-3340359 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)