

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 # P94000048218

1. Corporation Name

ASHBURTON DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

15725 N. TAMiami TRAIL  
NAPLES FL 34110  
US

~~2500 TAMiami TRAIL N SUITE 112~~  
~~NAPLES FL 33940~~

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.

15725 N. TAMiami TR.

15725 N. TAMiami TR.

City & State

City & State

NAPLES, FL.

NAPLES, FLORIDA

Zip

Country

Zip

Country

34110

COLLIER

34110

COLLIER

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	FLINN, COLIN S.	15725 N. TAMiami TRAIL	NAPLES FL

500002432235--1  
-02/17/98--01007--011  
\*\*\*\*\*908.75 \*\*\*\*\*908.75

UD  
2-10-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLINN, COLIN S.  
15725 N. TAMiami TRAIL  
NAPLES FL 34110

Name

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

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

REGISTERED AGENT MUST SIGN

Date 2/1/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/98  
Date

941-597-2800  
Daytime Phone #

FILED

98 FEB -6 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

97-98

4. Date Incorporated or Qualified  
To Do Business in Florida

06/28/1994

5. FEI Number

65-0548437

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

CR2040 (8/97)