PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

ACCEPTED AND FILED
96 DEC 31 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003966 (8)

1 Corporation Name
PALMONA PARK CIVIC ASSOCIATION, INC.

Principal Place of Business
C/O PARKSIDE COMMUNITY
235 STOCKTON STREET
NO. FORT MYERS FL 33903-2847

Mailing Address
C/O Parkside Community
235 Stockton Street
NO. Fort Myers FL 33903
-2847

If above addresses are incorrect in any way, line through incorrect information and enter correction below

200002051842--7
-01/09/97--01014--005
DO NOT WRITE ABOVE THIS SPACE ****236.25

2. New Principal Office Address, If Applicable	3. New Mailing 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: 08/11/1994

5. FEI Number: 65-0578444 ☐ 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	WELCH, JAMES R	329 MONTEREY ST	NO. FORT MYERS FL 33903
V	WILT, JANET	558 ELLIS ST	NO. FORT MYERS FL 33903
T	WIKE, JEAN	1732 ATLANTIC AV	NO. FORT MYERS FL 33903
S	WHEELER, MARGARET	1850 RIVERSIDE DR	NO. FORT MYERS FL 33903
D	JACKSON, DOUGLAS E	235 STOCKTON ST	NO. FORT MYERS FL 33903
D	TARANTINO, JOSEPH	234 SACRAMENTO ST	NO. FORT MYERS FL 33903

8. Name and Address of Current Registered Agent

JACKSON, DOUGLAS E
C/O PARKSIDE COMMUNITY
235 STOCKTON ST
NO. FORT MYERS FL 33903-2847

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is not acceptable)
Suite, Apt. #, Floor
City | State FL | Zip Code

REINSTATEMENT 1996
12/31/96

CR2E040 (12/95)

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: Douglas E Jackson — Douglas E. Jackson — Date 10-19-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: James R Welch — James R. Welch — 10-19-96 — 941-997-5070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #