

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION ⁹⁹
FOR ⁰⁷⁻¹¹
REINSTATEMENT



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

DOCUMENT # 703505

1. Corporation Name

ST. LUCIE SETTLEMENT, INC.

Principal Place of Business

Mailing Address

~~650 SW SALERNO RD.~~
STUART FL 34997

~~650 SW SALERNO RD.~~
STUART FL 34997

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

2. New Principal Office Address, If Applicable

~~810 SW SALERNO RD~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~810 SW SALERNO RD~~
Suite, Apt. #, etc.

City & State
STUART FL

City & State
STUART, FL

Zip 34997 Country USA

Zip 34997 Country USA

REINSTATEMENT

97-990
11/16/99

4. Date Incorporated or Qualified To Do Business in Florida

01/24/1962

5. FEI Number

59-1892296

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
VD	LUSTICK, JUNE BITTNER, FRANK	830 SW SALERNO RD 715 SW SALERNO	STUART FL
OS D	SAWYER, JOSEPH D STICKLAND, GERRY	650 SW SALERNO RD 695 SW SALERNO RD	STUART FL
TD	HORVATH, JAY	534 SW SALERNO RD	STUART FL
SD	MILLIGAN, WILLIAM	700 SW SALERNO RD	STUART FL
CS CS	HARTMAN, DOUG WILLET, PHIL	675 SW SALERNO RD 810 SW SALERNO RD	STUART FL
D	LARSON, WILLIAM SAMOSKY, DON	250 SW SALERNO RD 735	STUART FL

8. Name and Address of Current Registered Agent

~~SAWYER, JOSEPH~~ PHIL WILLET
650 SW SALERNO RD.
STUART FL 34997

9. Name and Address of New Registered Agent

Name PHIL WILLET
Street Address (P.O. Box Number is Not Acceptable)
810 SW SALERNO RD
Suite, Apt. #, Etc.
City STUART State FL Zip Code 34997

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

SIGNATURE REQUIRED

Date

1-12-99

REGISTERED AGENT MUST SIGN

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)(f), 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

Date

Daytime Phone #

1-11-99 501-287
7456

CR2E040 (8/97)