

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 20 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 9400000 3966

1. Corporation Name

PALMONA PARK Civic Association, Inc.

2. Principal Office Address

258 SANTA BARBARA ST.

Suite, Apt. #, etc.

City & State

N. Ft. Myers, FL

Zip

33903

Country

USA

3. Mailing Office Address

POB 3313

Suite, Apt. #, etc.

City & State

N. Ft. Myers, FL

Zip

33918

Country

USA

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/11/94

5. FEI Number

650578444

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Debra A. Litwin

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

258 SANTA BARBARA ST.

Suite, Apt. #, Etc.

City

N. Ft. Myers

State

FL

Zip Code

33903

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Debra A. Litwin

Date **6/20/02**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RICHARD DUNMIRE, JR.	423 State St.	N. Ft. Myers, FL 33903
VP	George Sand	540 Ellis St.	N. Ft. Myers, FL 33903
S	Debra Litwin	258 SANTA BARBARA ST.	N. Ft. Myers, FL 33903
T	Tammie Jo LAROCQUE	244 State St.	N. Ft. Myers, FL 33903
D	Ray Helms	239 State St.	N. Ft. Myers, FL 33903
D	Michael Johnson	506 SANTA BARBARA ST.	N. Ft. Myers, FL 33903

10. 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:

Debra A. Litwin Debra A. Litwin, Secretary

Date

6/20/02 (239)995-

Daytime Phone # **2912**

CR2E081 (9/01)

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LIST OF OFFICERS/DIRECTORS (CONT'D.)

	<u>NAME OF</u>	<u>STREET ADDRESS OF</u>	
<u>TITLE</u>	<u>OFFICER/DIRECTOR</u>	<u>EACH OFFICER/DIRECTOR</u>	<u>CITY/STATE/ZIP</u>
D	MATT LIEBER	249 CLARK STREET	N. FT. MYERS, FL 33903
D	RICHARD DUNMIRE, SR.	506 SANTA BARBARA ST.	N. FT. MYERS, FL 33903