# APPLICATION FOR REINSTATEMENT

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

**FILED**
97 MAR 27 AM 8: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** 645859    96+97

1. Corporation Name

Proterra Properties, Inc.

**REINSTATEMENT** 96+97
mwB
DO NOT WRITE IN THIS SPACE

Principal Place of Business
1520 Royal Palm Sq. Blvd. #260
Fort Myers, FL 33919

Mailing Address
1520 Royal Palm Sq. Blvd. #260
Fort Myers, FL 33919

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 Address, If Applicable | 4. Date Incorporated or Qualified To Do Business in Florida 11/12/79 |
|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. FEI Number 59-2022163 / Applied For / Not Applicable |
| City & State | City & State | 6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status |
| Zip | Country | Zip | Country | |

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 3 (Do NOT Use Post Office Box Numbers) | City / State / Zip 4 |
|---|---|---|---|
| P/S/T/D | Jeffrey W. Leasure | 1520 Royal Palm Sq. Blvd. #260 | Fort Myers, FL 33919 |
| | | | |
| | | | 500002127755--B -03/28/97--01138--010 ****915.00 ****915.00 |

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| | Name Jeffrey W. Leasure |
| | Street Address (P.O. Box Number is Not Acceptable) 1520 Royal Palm Square Blvd. #260 |
| | Suite, Apt. #, Etc. |
| | City Fort Myers    State FL    Zip Code 33919 |

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]_ REGISTERED AGENT MUST SIGN    Date 2/28/97

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: _[signature]_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    2/28/97    Date    941-275-7515    Daytime Phone #