

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

REINSTATEMENT 1996

FILED
96 DEC -2 AM 8:51 mw8
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12-2-96

DOCUMENT # 690391

1. Corporation Name

PONDELLA UTILITIES DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

1100 PONDELLA RD. #1004
P. O. BOX 150053
CAPE CORAL FL 33915

1100 PONDELLA RD. #1004
P. O. BOX 150053
CAPE CORAL FL 33915

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.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporate, or Qualified
To Do Business in Florida

08/18/1981

5. FEI Number

59-2158505

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ☒

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

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
SVD	STERN, EDWARD	1033 TERRACE LANE	GLENVIEW, ILLINOIS 00000
PTD	STERN, FRANK	1100 PONDELLA ROAD #1004 390 PONDELLA RD SUITE 4 - 33903	N FT MYERS FL
			300002019113--3 -12/04/96--01040--001 ***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STERN, FRANK
1100 PONDELLA RD #1004
P O BOX 150053
N. FT. MYERS FL 33903
CAPE CORAL FL 33915-0053

1100 PONDELLA RD
#1004
NFM, FL 33903

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

Frank Stern
REGISTERED AGENT MUST SIGN

Date

10/16/96

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 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 607.040; 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:

Frank Stern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/96

Daytime Phone #