

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707258

W98-11457

1. Corporation Name

Isles Colony Condominium Apts. No. 11, Inc.

Principal Place of Business

Mailing Address

1700 Jamaica Way
Punta Gorda, FL 33950

P.O. Box 510463
Punta Gorda, FL 33950

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

4. Date Incorporated or Qualified
To Do Business in Florida

5-17-64

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1566896

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	William Graham	500 Bal Harbor Blvd	Punta Gorda, FL 33950
D	David Miller	626 Bonita Court	Punta Gorda, FL 33950
TD	Carl Steihl	2030 Jamaica Way	Punta Gorda, FL 33950
SD	Bonnie Bliss	7611 Sunset Blvd.	Woodville, NY 12640-2062
D	Merle Fisher	Route 2, Box 395	Harpers Ferry, WV 25425

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***1828.75 ***1828.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Debra K. Meredith
Star Hospitality Management, Inc.
3160 Matecumbe Key Road
Punta Gorda, FL 33955

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. 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

Debra K. Meredith
REGISTERED AGENT MUST SIGN

Date

5-11-98

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)(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:

Merle W. Fisher 5/12/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1/98)