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
97 DEC -3 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720762

1. Corporation Name

THIRD STREET SOUTH AREA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1262 3RD ST. SO. SOUTH SUITE C NAPLES FL ~~33940~~ 34102	1262 3RD ST. SO. SOUTH SUITE C NAPLES FL ~~33940~~ 34102

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

REINSTATEMENT 97

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 34102 Country	Zip 34102 Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/22/1971

5. FEI Number: 23-7153212 ☐ 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) 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~~ CO-P/D	~~RIDGWAY, ANTHONY W~~ CO-PRESIDENT BURT HARTINGTON	~~CUISINE MANAGEMENT / 2900 HORSEH~~ 1167 3RD ST S	NAPLES FL 34102
~~VD~~ CO-P/D	THAHEIMER, BRUCE	255 13TH AVE S	NAPLES FL 34102
CO-VD	BRICK, SUSAN	340 13TH AVE S	NAPLES FL 34102
CO-VD	ELAINE FOSTER	1258 3RD ST. S.	" " 34102
CO-VD	ED VERDESCA	1170 3RD ST. S.	" " 34102
SD	RESSLER, BETH	1300 3RD STREET S	NAPLES FL 34102
TD	RHODEM, DORIS	385 14TH AVE S	NAPLES FL 34102

800002364850--9
-12/05/97--01113--013
****236.25 ****236.25

8. Name and Address of Current Registered Agent

RIDGWAY, ANTHONY W
CUISINE MANAGEMENT
2900 HORSESHOE DRIVE
NAPLES FL 33942

9. Name and Address of New Registered Agent

Name: Burt Hartington, Marissa Collections
Street Address (P.O. Box Number Is Not Acceptable): 1167 Third Street South
Suite, Apt. #, Etc.:
City: Naples State: FL Zip Code: 34102

CR2E040 (8/97)

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] Date: 11-24-97
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)(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: [signature] 11-24-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #