



2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 723362 1. Entity Name POLITICALLY ACTIVE PROPERTY OWNERS, INC						FILED 05 JAN 13 AM 11:02 	
Principal Place of Business 3001 ESTERO BLVD. FT. MYERS BEACH, FL 33931 US				Mailing Address 3001 ESTERO BLVD. FT. MYERS BEACH, FL 33931 US			
2. Principal Place of Business		3. Mailing Address		10132005 REIN-NP		CR2E099 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1837587		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MYERS, THOMAS F. 3001 ESTERO BLVD. FT. MYERS BEACH, FL 33931				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MYERS, THOMAS F 3001 ESTERO BLVD. FT. MYERS BEACH, FL 33931 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900062787599 01/05/06--01044--003 **297.50		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD ALSOP, ANN 2555 ESTERO BLVD. FT. MYERS BEACH, FL 33931 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMPSON, BETTY 180 CURLEW ST. PORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B 1/17/06		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 05-06		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: Thomas F Myers <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				THOMAS F MYERS <small>Date</small>		JAN 3, 2006 <small>Daytime Phone #</small>	
				239 463 7200			