

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED
10/3

96 OCT -4 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **730601**

1. Corporation Name

POINCIANA CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3483 MALAGA WAY
NAPLES FL 33942
US

3483 MALAGA WAY
NAPLES FL 33942
US

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

09/04/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0311909

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
TD	DANIELS, ERNEST F	2661 POINCIANA DR	NAPLES FL 33942
VD	WILSON, JAMES	3501 BOLERO WAY	NAPLES FL
D	TAGUE, DAVID	2327 POINCIANA DR	NAPLES FL
D	NEMETH, TOM	2401 POINCIANA DR	NAPLES FL
PD	KERRIGAN, WILLIAM	3483 MALAGA WAY	NAPLES FL

8. Name and Address of Current Registered Agent

KERRIGAN WILLIAM, DAVID
3483 MALAGA WAY
NAPLES FL 33942

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

William C Kerrigan
REGISTERED AGENT JUST SIGN

Date

9/27/96

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 607.0401 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:

William C Kerrigan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/27/96 263-3731

Daytime Phone #

CR2E040 (7/96)

page 2 of 3

0977 7-13 1996
TO Dept of State
FOR Corp files
TOTAL 61 25
AMOUNT THIS CHECK 1445 82
BALANCE

0978 8-11 1996
TO FPL
FOR 2 months end
TOTAL 45 91
AMOUNT THIS CHECK 1399 91
BALANCE

0979 Ted million 19
TO

page 3 of 3

Division of Corporations
Annual Report/ Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314-6327

September 30, 1996

Dear sirs;

Enclosed is a copy of our check book entry. As you can see we mailed our check to the Dept of State on July 13, 1996. We did not receive the original payment request. This was the 90 day notice that we received and sent to you. Evidently our payment was lost in the mail some how. Our organization is very small and we do not receive a lot of monies. Please except our payment of \$61.25. If this is not acceptable please notify us and we will send the larger amount.

Respectfully

A handwritten signature in cursive script, appearing to read "Ernest F. Daniels".

Ernest F. Daniels
Treasurer