

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 745975

1. Corporation Name

DUNBAR IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

3510 MARTIN LUTHER KING BLVD.
FT. MYERS FL 33916

Mailing Address

P.O. BOX 11496
JAX FL 32239
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/1979

5. FEI Number

59-1960272

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 3	City / State / Zip 4
PD	SHOEMAKER, VERONICA S.	3054 MANGO ST.	FORT MYERS FL
SD	MORGAN, MELVIN MRS.	2196 PAULO ST.	FORT MYERS FL
D	MCCUTCHEON, MACK "PAT"	2633 LAFAYETTE ST	FORT MYERS FL
DT	SIMMS, NANCY	3130 ST CHARLES ST	FORT MYERS FL
D	YOUNG, MATTIE	3511-B ANDERSON AVE	FORT MYERS FL
D	ANDERSON, AUDREA	1766 MARILYN ROAD	FORT MYERS FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KNEE, RONALD
320 ARLINGTON RD N
JACKSONVILLE FL 32211

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

700004741067-8

12/27/01-01035-018

****245.00 ****245.00

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]

REGISTERED AGENT MUST SIGN

Date

12/4/01

11. 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:

Nancy Simms

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/4/01

Daytime Phone #

904/724-4766

CR2040 (8/01)