

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

98 OCT 14 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 001

75 2072

1. Corporation Name

SUNCOAST APARTMENTS OF NAPLES, INC.

W980000 22780

Principal Place of Business

Mailing Address

295 9th AVENUE SOUTH  
NAPLES, FL 33940

295 9th AVENUE SOUTH  
NAPLES, FL 33940

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

2. New Principal Office Address, If Applicable

382 5th AVENUE SOUTH

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

382 5th AVENUE SOUTH

Suite, Apt. #, etc.

City & State  
NAPLES, FL

City & State  
NAPLES, FL

Zip  
34102

Country  
USA

Zip  
34102

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/17/80

5. FEI Number

59-1985902

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	GUDRUN R. TODD D	382 5th AVENUE SOUTH D	NAPLES, FL 34102
VP	MALCOLM GUINHER D	P O BOX 242, N/A D	WAUKESHA, WI 53187
S/T	DIANE IVEY D	382 5th AVENUE SOUTH D	NAPLES, FL 34102

7000002667997--0  
-10/20/98--01050--004  
\*\*\*665.00 \*\*\*665.00

8. Name and Address of Current Registered Agent

JOHN B. LISI  
295 5th AVENUE SOUTH #4  
NAPLES, FL 34102

9. Name and Address of New Registered Agent

Name

GUDRUN R. TODD

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

382 5th AVENUE SOUTH

Suite, Apt. #, Etc.

City

NAPLES,

State

FL

Zip Code

34102

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

*Gudrun R. Todd*

REGISTERED AGENT MUST SIGN

Date 10-2-98

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:

*Gudrun R. Todd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
GUDRUN R. TODD (P)

10/2/98

Date

941-261-0808

Daytime Phone #

CR2E040 (1/98)