

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758691

1. Corporation Name

SABAL PALM EXTENSION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3255 N TAMiami TRAIL
NAPLES FL 33940
US

3255 N TAMiami TRAIL
NAPLES FL 33940
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State
NAPLES FL

Zip
34120

Country
USA

Zip
34120

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/1981

5. FEI Number

59-2107545

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VPD	TOWNSEND, JOSEPH E	3255 N TAMiami TR	NAPLES FL 33940
PD	BAEZ, EMILIO	315 15TH ST SW	NAPLES FL 34117 34120
D	KEYES, PHILIP	3255 N TAMiami TR	NAPLES FL 33940
D	GALBUT, HOWARD	3255 N TAMiami TR	NAPLES FL 33940
VPD	Lupe Morera	3545 23rd AVE SW	NAPLES, FL 34117
D	Walls, Jeffery G	45 Esther Street	NAPLES, FL 34120

REINSTATEMENT 01/03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALLS, JEFFERY G
45 ESTHER STREET
NAPLES FL 34104

BAEZ, EMILIO
315 15TH ST NW
NAPLES, FL 34120

Name
EMILIO BAEZ
Street Address (P.O. Box Number is Not Acceptable)
315 15TH ST NW
Suite, Apt. #, Etc.

City
NAPLES

State
FL

Zip Code
34120

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

Emilio Baez

REGISTERED AGENT MUST SIGN

Date

3/18/03

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:

Emilio Baez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/18/03

Daytime Phone #

CR2E040 (8/01)