

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC -3 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760021

1. Corporation Name

DEER PASS ACRES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

15325 DEER PASS RD
PUNTA GORDA FL 33955
US

Mailing Address

15415 DEER PASS RD
PUNTA GORDA FL 33955

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

2. New Principal Office Address, If Applicable

15200 Deer Pass Rd

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

City & State

Zip

33955

Country

USA

Zip

Country

REINSTATEMENT

99

4. Date Incorporated or Qualified To Do Business in Florida

09/14/1981

5. FEI Number

59-2255387

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	4 City / State / Zip
PD	KOSTIK, DENNIS	15105 DEER PASS RD	PUNTA GORDA FL
PA	James Awyer	9009 Austrian Blvd.	Punta Gorda, FL 33982
VPD	ROYER, SANDRA A	15325 DEER PASS RD	PUNTA GORDA FL 33955
VPA	Robert J. Thosath	15145 DEER PASS RD	Punta Gorda, FL 33955
SD	ROYER, SANDRA A	15325 DEER PASS RD	PUNTA GORDA FL
SA	Darleth Wilhelm	15200 DEER PASS RD	Punta Gorda, FL 33955
TD	OWENS, IRENE J	15415 DEER PASS RD	PUNTA GORDA FL
TA			

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12/14/99 01003-011
****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROYER, SANDRA A
15325 DEER PASS RD
PUNTA GORDA FL 33955

Name
Darleth Wilhelm
Street Address (P.O. Box Number is Not Acceptable)
15200 DEER PASS RD
Suite, Apt. #, Etc.

City
Punta Gorda

State
FL

Zip Code
33955

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

Darleth Wilhelm

Date 11-30-99

REGISTERED AGENT MUST SIGN

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:

Darleth Wilhelm
DARLETH WILHELM

11-30-99

(941) 637-1583

Daytime Phone #

KE