

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

97 APR 15 AM 10:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **766856**

1. Corporation Name

apartments
Mar Lou Condominium Association, Inc.

Principal Place of Business

Mailing Address

**1460 Golden Gate Parkway
Naples, FL 33942**

**P.O. Box 446
Naples, FL 33939**

REINSTATEMENT

094-97

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

2/7/83

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0141287

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)

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
Pres.	Anthony Szempruch - D	4636 19th Ct. SW #1	Naples, FL 34116
V.P.	Nicholas Szempruch - D	4636 19th Ct. SW #1	Naples, FL 34116
Secty/ Treas.	Billie Holzhauer - D	1061 Trail Terrace	Naples, FL 34116

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******420.00 ****420.00**

8. Name and Address of Current Registered Agent

**Arthur Faulconer
630 Tamiami Trail
North Naples, FL**

9. Name and Address of New Registered Agent

Name

Steven M. Falk, Esq.

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

Roetzel & Andress, 850 Park Shore Drive

Suite, Apt. #, Etc.

Third Floor

City
Naples

State
FL

Zip Code
34103

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

Steven M. Falk
REGISTERED AGENT MUST SIGN

Date

3/25/97

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:

Billie Holzhauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/97
Date

(941) 261-8032
Daytime Phone #