PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 SEP 30 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767421

1. Corporation Name
TAHITIAN PROFESSIONAL PLAZA OWNERS ASSOCIATION, INC. - NON PROFIT

Principal Place of Business
5525 LANSDALE LANE
NAPLES, FL 34112-2308

Mailing Address
5525 LANSDALE LA
NAPLES, FL 34112-2308

REINSTATEMENT 85-98

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

2. New Principal Office Address, If Applicable
5525 LANSDALE LA
Suite, Apt. #, etc.
City & State
NAPLES, FL
Zip 34112-2308 Country USA

3. New Mailing Office Address, If Applicable
5525 LANSDALE LA
Suite, Apt. #, etc.
City & State
NAPLES, FL
Zip 34112-2308 Country USA

4. Date Incorporated or Qualified To Do Business in Florida
3/11/83

5. FEI Number
☐ 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
PRES-D	Richard B. Lansdale	5525 LANSDALE LA. NAPLES FL 34112-2308	NAPLES, FL 34112-2308
V PRES + DIR	Mary Ann Lansdale	5525 LANSDALE LA	NAPLES, FL 34112-2308
SEC + DIR	CAROL SLAUSON	3071 TERRACE AVE	NAPLES, FL 34112-2308

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******8.75 ******8.75
10-1-98

8. Name and Address of Current Registered Agent
RICHARD B. LANSDALE
5525 LANSDALE LA
NAPLES, FL 34112-2308

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

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***1032.50 ***1032.50

CR2E040 (1/98)

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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: _____ 9/28/98 941-774-2486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RICHARD B. LANSDALE, PRESIDENT