

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 PM 12:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F02000004864**

1. Corporation Name

16120/16154 SAN CARLOS BLVD., INC.

Principal Place of Business

1700 HARMON RD., STE 2
AUBURN HILLS MI 48326

Mailing Address

1700 HARMON RD., STE 2
AUBURN HILLS MI 48326

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/2002

5. FEI Number

38-3084017

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
P	TURNBULL, MARK S	10124 BERTRAM LANE	FORT MYERS FL 33919
S	RUDLAFF, F. RICHARD	6941 DEEP LAGOON LANE	FORT MYERS FL 33919

000024411600
11/04/03--01045--004 **150.00

8. Name and Address of Current Registered Agent

TURNBULL, MARK S
10124 BERTRAM LANE
FORT MYERS FL 33919

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

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. or 617.0505, F.S.

Signature of
Registered Agent

(Signature)

REGISTERED AGENT MUST SIGN

Date **10-25-03**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-03

CR2E040 (7/03)

October 22, 2003

State of Florida
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: 16120/16154 San Carlos Blvd., Inc.

Dear Sir or Madam:

I am in receipt of your "Certificate of Administrative Dissolution or Revocation", a copy of which is enclosed. Please be advised that this is the first notice I or my staff (located in Auburn Hills, Michigan) have received regarding the annual filing requirement. I cannot understand or explain why we did not receive either the original or the follow up notice but received the notice of dissolution. We have taken steps to ensure that future annual reports are timely filed and respectfully request that you accept the enclosed application for reinstatement along with the \$150.00 fee in settlement of this matter.

If you need to contact me, I can be reached at 248-393-5048.

Sincerely,

Mark S. Turnbull, President

ajh
Enclosures