

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

00 MAR 14 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F07928

1. Corporation Name

La Playa Associates, Inc.

Mailing Address

Principal Place of Business

4099 Tamiami Trail
Naples, Florida 33940

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

REINSTATEMENT

97-100

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

800 Laurel Oak Drive

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/1980

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

Naples, Florida

City & State

59-2091662

Not Applicable

Zip

34108

Country

U.S.A.

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
D	Taunt, III R.	1890 Colorado Gulch Drive	Helena, MO 59601
DVS	Francoeur, Philip M., Jr.	800 Laurel Oak Drive #300	Naples, FL 34108
D	Francoeur, Jane E.	2331 Forest Lane	Naples, FL 34102
DP	Taunt, Suzanne F.	1890 Colorado Gulch Drive	Helena, MO 59601
DT	Francoeur, Luisa	5 Nutmeg Lane	Westport, CT 06880
3000003179183--0 -03/22/00--01018--003			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent **1200.00

Philip M. Francoeur, Jr.
800 Laurel Oak Drive
Suite 300
Naples, FL 34108

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Philip M. Francoeur, Jr.

REGISTERED AGENT MUST SIGN

Date

03/07/00

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)12. 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.) KE

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Philip M. Francoeur, Jr., Vice President and Secretary (813) 596-9522

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/00

Date

941-596-9522

Daytime Phone #