

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F93000004072**

1. Corporation Name

RHODES-FORT MYERS/GP, INC.

Principal Place of Business

1990 M STREET NW #650
WASHINGTON DC 20006

Mailing Address

1990 M STREET, NW
SUITE 650
WASHINGTON DC 20036
US

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

09/08/1993

5. FEI Number

52-1839523

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	AMBROSI, ROBERT J	341 BROAD ST.	CLIFTON NJ 07013
VPD	PEREL, MARC	341 BROAD STREET	CLIFTON NJ
SD	MELROD, JOSEPH K	1990 M STREET NW #650	WASHINGTON DC 20036
D	MELROD, DANIEL	1990 M STREET NW #650	WASHINGTON DC 20036
			300003038863--8 -11/09/99--01007--011 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

CT CORP SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

Signature of
Registered Agent

Kevin J. Gallagher
REGISTERED AGENT MUST SIGN

KEVIN J. GALLAGHER
ASSISTANT VICE PRESIDENT

Date 10/21/99

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:

Joseph K. Melrod

Joseph K. Melrod, General Partner 10-26-99 (262) 785-1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



J.P. METZ COMPANY, INCORPORATED
1990 M Street, N.W.
Suite 650
Washington, D.C. 20036
(202) 785-1212

Marlene A. Kamins

October 18, 1999

**Ms. Kathy Hyman
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327**

**RE: Application for Reinstatement
Rhodes – Fort Myers, G.P. Incorporated**

Dear Ms. Hyman:

**Enclosed is our completed Application for Reinstatement that has been signed.
Also, as we discussed enclosed is our check in the amount of One Hundred Fifty
Dollars (\$150.00).**

**We respectfully request a one-time waiver for the annual report. We are aware the
reports are due in January and May.**

**Also, please note that our annual reports for Rhodes should be in C/O J.P. Metz
Company. Perhaps that is why it was returned to your office.**

Once again, we appreciate your help in this matter.

Sincerely,

Marlene Kamins

**CC: Chron File
CC: Follow Up File
CC: Rhodes – Fort Myers File
CC: Joseph Melrod
CC: Daniel Melrod**