

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 DEC 23 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000004163

1. Corporation Name

PLATINUM INC. OF FT. MYERS

Principal Place of Business

6900 - 29 DANIELS PKWY.. STE. 345 174
FT. MYERS FL 33912

Mailing Address

6900 - 29 DANIELS PKWY.. STE. 345 174
FT. MYERS FL 33912

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

08/29/1995

5. FEI Number

62-1609961

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CP	BREWER, LYNN	15170 CANNONGATE DR	FT. MYERS FL 33912
CV	MARQUARDT, TOM	15170 CANNONGATE DR	FT. MYERS FL 33912
S	BELL, LANA J	15170 CANNONGATE DR	FT. MYERS FL 33912
CP	Brewer, Lynn	11000 Metro Pkwy #9	Ft. Myers, FL 33912
CV	MARQUARDT, Tom	11000 Metro Pkwy #9	Ft. Myers, FL 33912
S	Christopher Nalletta	11000 Metro Pkwy #9	Ft. Myers FL 33912

8. Name and Address of Current Registered Agent

BREWER, LYNN
6900-29 DANIELS PKWY
STE-345
FT. MYERS FL 33912

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.

300025828659
12/30/03--01011--012 **750.00

Signature of
Registered Agent

Lynn Brewer
REGISTERED AGENT MUST SIGN

Date 10-24-03

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:

Lynn Brewer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (7/03)