

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

97 NOV 17 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000003003**

1. Corporation Name

WILD INDIGO PARTNERS, INC.

Principal Place of Business

Mailing Address

28315 S TAMAMI TR #102
BONITA SPRINGS FL 34134

28315 S TAMAMI TR #102
BONITA SPRINGS FL 34134

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3491 WILD INDIGO LANE

3491 WILD INDIGO LANE

City & State
BONITA SPRINGS, FL

City & State
BONITA SPRINGS, FL

Zip
34134

Country
LEE

Zip
34134

Country
LEE

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/1996

5. FEI Number

65-0653665

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DC	DAHMS, MICHEL	3491 WILD INDIGO LN	BONITA SPRINGS FL 34134
S	DAHMS, TIMOTHY F	3491 WILD INDIGO LN	BONITA SPRINGS FL 34134

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-11/18/97--01042--020
******750.00 ****750.00**

Handwritten signature

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAHMS, TIMOTHY F
3491 WILD INDIGO LN
BONITA SPRINGS FL 34134

Name

MICHEL DAHMS

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

3491 WILD INDIGO LANE

Suite, Apt. #, Etc.

City

BONITA SPRINGS

State
FL

Zip Code
34134

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

Handwritten signature of Michel Dahms

REGISTERED AGENT MUST SIGN

Date **11/13/97**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten signature

Date

Daytime Phone #

CR2000 (8/97)