

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 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **G57710**

1. Corporation Name

**CARRICK REALTY CORPORATION**

Principal Place of Business

% ELEANOR L. CURRAN  
532 12TH AVENUE S.  
NAPLES FL 33940

Mailing Address

% ELEANOR L. CURRAN  
532 12TH AVENUE S.  
NAPLES FL 33940

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

08/31/1983

5. FEI Number

59-2343562

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
PSD	CURRAN, ELEANOR	532 12TH AVE S	NAPLES, FL 00000
TD	CURRAN, RICHARD W.	25 WOOLWORTH STREET	LONGMEADOW MA

500024410095  
11/04/03--01036--010 \*\*750.00

8. Name and Address of Current Registered Agent

~~CURRAN, RICHARD W.~~  
~~CURRAN, ELEANOR L.~~  
532 12TH AVE. S.  
SUITE 1600  
NAPLES FL 34102

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	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

*Richard W. Curran*  
REGISTERED AGENT MUST SIGN

Date 10/30/03

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:

*Richard W. Curran*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/03  
Date

413-567-3226  
Daytime Phone #

CR2E040 (7/03)