

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN 27 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L13236**

1. Corporation Name

GREENTREE PROFESSIONAL CENTRE, INC.

Principal Place of Business

Mailing Address

~~10621 AIRPORT-PULLING RD. N.~~
~~STE 0~~
~~NAPLES FL 33942-1539~~
~~US~~

~~10621 AIRPORT-PULLING RD. N.~~
~~SUITE #3~~
~~NAPLES FL 33942-1539~~
~~US~~

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

10661 Airport Pulling Rd
Suite, Apt. #, etc.

10661 Airport Pulling Rd
Suite, Apt. #, etc.

Suite # 9

Suite # 9

Naples, FL
City & State
Zip
34109
Country
US

Naples FL
City & State
Zip
34109
Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/1989

5. FEI Number

65-0193820

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 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
PD	ROSS, JERRY A.	<u>10621 AIRPORT-PULLING RD. N., SU</u> <u>10661</u> #9	NAPLES FL 34109
VD	ROSS, EVELYN L	<u>10621 AIRPORT-PULLING RD. N., SU</u> <u>10661</u> #9	NAPLES FL 34109
STD	ROSS, DOROTHY B.	<u>10621 AIRPORT-PULLING RD., N. SU</u> <u>10661</u> #9	NAPLES FL 34109

800002071688-4
-01/29/97--01/11--0015
*****8.75

REINSTATEMENT 9/6-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSS, JERRY A.
10621 AIRPORT-PULLING RD. N.
SUITE #3
NAPLES FL 33942

Name
800002071688-4
Street Address (P.O. Box Number is Not Acceptable)
10661 Airport Pulling Rd
Suite, Apt. #, Etc.
Suite # 9
City
NAPLES
State
FL
Zip Code
34109

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-24-97

11. 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.)

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)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JERRY A. ROSS

1-24-97

Date

941-591-0999
Daytime Phone #