

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **95-9**
REINSTATEMENT



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

APPROVED
AND
FILED

97 APR 30 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L93 00000217**

1. Corporation Name

Sunshine Village of Naples, Limited Company

Principal Place of Business

**4960 Traynor Court
Naples, FL 34112**

Mailing Address

**4960 Traynor Court
Naples, FL 34112**

REINSTATEMENT 95-97

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/ 01/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-0421475

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	Brigitte Hofstetter	4960 Traynor Court	Naples, FL 34112
V	Jacob Hofstetter	4960 Traynor Court	Naples, FL 34112
			700002169807--6 -05/07/97--01080--008 *****8.75 *****8.75
			700002169807--6 -05/07/97--01080--009 ***1111.25 ***1111.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **Euro-American Consulting, Inc.**

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

4001 Tamiami Tr. N., #265

Suite, Apt. #, Etc.

City

Naples,

State

FL

Zip Code

34103

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

Rainer N. Filthaut

Date **3/19/97**

REGISTERED AGENT MUST SIGN

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)(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

3/19/97

Date

(941) 643-1131

Daytime Phone #

CR2E040 (12/96)