

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 APR 30 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M88912

1. Corporation Name

COMMUNITY DEVELOPMENT CORPORATION OF SOUTHWEST
FLORIDA - EAST NAPLES

Principal Place of Business

1100 FIFTH AVENUE SOUTH
SUITE 401
E NAPLES FL 33940-3416

Mailing Address

1100 FIFTH AVENUE SOUTH
SUITE 401
E NAPLES FL 33940-3416

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
4863 GOLDEN GATE PARKWAY

Suite, Apt. #, etc.

City & State
NAPLES, FL

Zip Country
33999 34116 USA

3. New Mailing Office Address, If Applicable
4863 GOLDEN GATE PARKWAY

Suite, Apt. #, etc.

City & State
NAPLES, FL

Zip Country
33999 34116 USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1988

5. FEI Number

65-0061940

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
DP	KAYE, STUART O.	1100 FIFTH AVENUE SOUTH	NAPLES FL
DPST	KAYE, STUART O.	4863 Golden Gate Parkway	Naples, FL 33999 34116
			600002169096--8 -05/07/97--01080--011 ***2160.00 ***1080.00
			REINSTATEMENT 95-97
			A.ayan 4/30/97

8. Name and Address of Current Registered Agent

SEXTON, DAVID N.
1167 THIRD ST., SOUTH
NAPLES FL 33940

9. Name and Address of New Registered Agent

Name
~~Richard Taylor~~ STUART O. KAYE
Street Address (P.O. Box Number is Not Acceptable)
4863 Golden Gate Parkway
Suite, Apt. #, Etc.
City
Naples
State
FL
Zip Code
33999 34116

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

REGISTERED AGENT MUST SIGN

~~Richard Taylor~~
STUART O. KAYE

Date 01/17/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Stuart O. Kaye

01/17/95

(941)455-4110