

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 SEP 24 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **1900000 1423**

**1. Corporation Name**

**The Village Center INC**  
**3925 Canal St**  
**FT. Myers, FL 33916**

**2. Principal Office Address**

**3925 Canal St**

Suite, Apt. #, etc.

City & State

**FT. Myers, FL**

Zip

**33916**

Country

**USA**

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

**FT. Myers, FL**

Zip

**33916**

Country

**USA**

**REINSTATEMENT 02-03**

**100023302891**  
**09/24/03--01033--004 \*\*297.50**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**3/1/2001**

**5. FEI Number**

**65-1035529**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

**Pattie Robinson**

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

**2709 Blake St**

Suite, Apt. #, Etc.

City

**FT. Myers**

State

**FL**

Zip Code

**33916**

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

**Pattie Robinson**

Date **9/16/03**

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Charles Ingram	13205 Hampton Pk	FT. Myers, FL 33912
Vice pres	Tacha Ferrell	4212 9th St West	Lehigh Acres, FL 33971
Secy	Sonya Paige	414 Buena Vista	FT. Myers, FL 33905
Dired	Dr. Ruth Loverde	5260 S. Landings Dr	FT. Myers, FL 33901
Treas	Pattie Robinson	2709 Blake St	FT. Myers, FL 33916
Dired	Leon Bryant	6541 May tree Cir.	FT. Myers, FL 33905

**10. 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:

**Pattie Robinson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/16/03 239**

Date

Daytime Phone #

CR2E081 (10/02)