

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY -5 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 02-03



200016393252  
04/21/03--01053--007 \*\*297.50

**DOCUMENT # N01000008439**

1. Corporation Name

**ESTERO COMMUNITY PLANNING PANEL, INC.**

Principal Place of Business

~~COLONIAL BANK~~  
~~8660 CORKSCREW ROAD~~  
~~ESTERO FL 33928~~

Mailing Address

~~COLONIAL BANK~~  
~~8660 CORKSCREW ROAD~~  
~~ESTERO FL 33928~~  
**P.O. Box 955**  
**ESTERO, FL 33928-0955**

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

2. New Principal Office Address, If Applicable

~~COLONIAL BANK~~

3. New Mailing Office Address, If Applicable

~~COLONIAL BANK~~

Suite, Apt. #, etc.

**20225 WILDCAT RUN DR.**

Suite, Apt. #, etc.

**P.O. Box 955**

City & State

**ESTERO, FLORIDA**

City & State

**ESTERO, FLORIDA**

Zip

**33928**

Country

**USA**

Zip

**33928-0955**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/28/2001**

5. FEI Number

**65-1143023**

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) **(SEE ATTACHED SHEET)**

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ESLICK, DONALD	23850 VIA VENETO #604	BONITA SPRINGS FL 34134
<del>D</del>	<del>PERRI, EDDIE</del>	<del>4120 LORENE DRIVE</del>	<del>ESTERO FL 33928</del>
<del>D</del>	<del>GRAHAM, DAVID</del>	<del>3461 BONITA BAY BLVD STE 104</del>	<del>BONITA SPRINGS FL 34134</del>
D	TOTH, GREGORY	1700 MEDICAL LANE	FT MYERS FL 33907
<del>T</del>	<del>GALVIN, EILEEN</del>	<del>20054 COUNTRY BARN DRIVE</del>	<del>ESTRO FL 33928</del>
C/D	NOETHLICH, NEAL	20225 WILDCAT RUN DRIVE	ESTRO FL 33928

8. Name and Address of Current Registered Agent

**MOBLEY, RALPH M**  
**9781 SASSAFRAS CT**  
**ESTERO FL 33928**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**4/18/03**

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:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/03**  
Date

**239 495-6698**  
Daytime Phone #

CR2040 (8/02)