

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2014 MAR 24 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03000008635**

1. Corporation Name
**Estero Palms Homeowners Assoc
INC.**

2. Principal Office Address - No P.O. Box #

**1035 Collier Center Way
Suite, Apt. #, etc.
#7**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34110

Country

USA

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/2003

5. FEI Number

201692005

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
Advanced Property Management Serv Inc

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

1035 Collier Center Way

Suite, Apt. #, Etc.

#7

City

Naples

State

FL

Zip Code

34110

900258188179
03/24/14--01037--007 **175.00

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

Laura W. S. HAWKES

REGISTERED AGENT MUST SIGN

Date **3/19/14**

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.	Tom McIVOR	21710 Red Latan Way	Estero FL 33928
Tres.	Pat Russell	21761 Arenaga Lane	Estero FL 33928
Sec.	Amber Glisson	21700 Red Latan Way	Estero FL 33928
Dir	Carole Muscat	21720 Red Latan Way	Estero FL 33928

REINSTATEMENT

2014 -

S. HAWKES

MAR 25 AM

10. E-mail Address: **advancedsve@aol.com**

(To be used for future annual report notification)

EXAMINED

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. Notwithstanding 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Tom McIVOR

TOM McIVOR

3/19/14

239-513-9433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #