

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 17 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09013

1. Corporation Name

RENTSCHLER PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

16270 OLD US 41 S
FT. MYERS BEACH FL 33931
US

Mailing Address

C/O FAYE B. JOHNSON
18275 DEEP PASSAGE LANE
FT. MYERS BEACH FL 33931

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1985

5. FEI Number

65-0756201

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PATCH, NATHAN G	220 ORANGE GROVE	PALM BEACH FL 33480
VD	JOHNSON, DAVID L	18275 DEEP PASSAGE LANE	FT. MYERS BEACH FL 33931
STD	JOHNSON, FAYE B	18275 DEEP PASSAGE LANE	FT. MYERS BEACH FL 33931
AS	CALWELL, MANLEY P JR.	324 ROYAL PALM WAY	PALM BEACH FL 33480
			900024762909 11/17/03--01097--020 **236.25

8. Name and Address of Current Registered Agent

CALDWELL, MANLEY P JR.
324 ROYAL PALM WAY
SUITE 300
PALM BEACH FL 33480

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

Faye B. Johnson
REGISTERED AGENT MUST SIGN

Date

11/11/03

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:

Faye B. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/11/03

Daytime Phone #

239-
466-3034

CR20040 (7/03)