

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 MAR 10 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N12000

1. Corporation Name

The Place III Property Owners' Association,  
Inc.

Principal Place of Business 6-11 Mailing Address  
6719 Winkler Rd PO Box 60533  
Ft Myers, Florida 33919 Ft Myers, Florida 33906

REINSTATEMENT 96-97

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/08/85	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0060601	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				S8.75 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
Pres	Julie Hutter	36 Barkley Circle	33907 Fort Myers, Florida
Vice Pres	Wilbur Smith	1651 Fowler	33901 Fort Myers, Florida
Sec	Dick Braun	15660 Catalpa Cove Dr	33908 Fort Myers, Florida
			300002110583--5
			03/11/97--01133--011
			****297.50 ****297.50
			3/10/97

8. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Name Janie C. Steffens		Street Address (P.O. Box Number is Not Acceptable) PO Box 60533, Ft Myers, Florida 33906	
Suite, Apt. #, etc. 6719 Winkler Rd Suite 210		City Fort Myers	
State FL		Zip Code 33919	

9. 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 Julie A. Hutter Date 3/7/97  
REGISTERED AGENT MUST SIGN

11. 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.)

12. 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: Julie A. Hutter  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/7/97 Daytime Phone # 941-934-3553

CR2C040 (12/96)