

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

03 NOV -3 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N13525**

1. Corporation Name

CANTERBURY COURT OF NAPLES, INC.

Principal Place of Business

Mailing Address

SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DR STET 206
NAPLES FL 34103
US

SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DR STET 206
NAPLES FL 34103
US

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

02/21/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-0862831

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	GRUENBERG, HANS	1708 GULF SHORE BLVD NO #9	NAPLES FL 34102
VD	O'HARE, PETER	1708 GULF SHORE BLVD NO #18	NAPLES FL 34102
D	HATTON, CHARLES	1708 GULF SHORE BLVD NO #8	NAPLES FL 34102
S	FIELD, EDWIN	1708 GULFSHORE BLVD 12	NAPLES FL 34103 Delete
SDT	HENDERSON, HARRY	1708 GULFSHORE BLVD 5	NAPLES FL 34102
D	SOKOLIS, MARK	1708 GULFSHORE BLVD	NAPLES FL 34102

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOUTHWEST PROPERTY MGMT CORP.
1044 CARLELLO DR.
STE 206
NAPLES FL 34103

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

Stephen E. Williams

REGISTERED AGENT MUST SIGN

Date

10/30/03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treas.

Date

10/29/03

Daytime Phone #

CR2E040 (7/03)