

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 MAR -4 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33268

1. Corporation Name

The Housing Partnership of Collier County, Inc.

Principal Place of Business
1020 Goodlette Road
Naples, FL 34102

Mailing Address
1020 Goodlette Road
Naples, FL 34102

400002453114--3
-03/10/98--01098--013
****420.00 ****420.00

95-98

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.		7/14/89	
City & State		City & State		5. FEI Number	
Zip		Country		65-0132433	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	Gregory Mihlic	1020 Goodlette Road	Naples, FL 34102
STD	Clifford A. Olson	1020 Goodlette Road	Naples, FL 34102
D	Fred Sullivan	1020 Goodlette Road	Naples, FL 34102
D	Fred Thomas	1020 Goodlette Road	Naples, FL 34102

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A. Alan
3/4/98

8. Name and Address of Current Registered Agent

David E. Leigh
3777 Tamiami Trail North, Suite 201
Naples, Florida 34103

9. Name and Address of New Registered Agent

Name
Clifford A. Olson
Street Address (P.O. Box Number is Not Acceptable)
1020 Goodlette Road
Suite, Apt. #, Etc.
City
Naples
State
FL
Zip Code
34102

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.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 2-27-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-98

CR2E040 (1/98)