

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV -7 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41674

1. Corporation Name

Rail Head Industrial Park
Owners' Association, INC.

2. Principal Office Address

15660 San Carlos Blvd.

Suite, Apt. #, etc.

Suite 40

City & State

Fort Myers, FL

Zip

33908

Country

USA

3. Mailing Office Address

15660 San Carlos Blvd.

Suite, Apt. #, etc.

Suite 40

City & State

Fort Myers, FL

Zip

33908

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-14-1991

5. FEI Number

650240122

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

Paul L. Sapp, CFM, CFPM

800061222308

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

c/o P+m Property Management, 15660 San Carlos Blvd.

Suite, Apt. #, Etc.

Suite 40

City

Fort Myers

State

FL

Zip Code

33908

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

Paul L. Sapp

REGISTERED AGENT MUST SIGN

Date 10/4/05

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
PD	Keith Glish	1467 Rail Head Blvd. Naples, FL 34110	Naples, FL 34110
VPD	Robert Buchholz	1501 Rail Head Blvd	Naples, FL 34110
STD	Thomas Riley	1510 Rail Head Blvd.	Naples, FL 34110

10. 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:

Paul L. Sapp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/4/05 239 481-1527

Daytime Phone #

CR2E001 (10/02)