

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

98 DEC 28 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47300

1. Corporation Name

RESIDENT ADVISORY BOARD OF SOUTHWARD VILLAGE AN NEX, INC.

Principal Place of Business 4224 MICHIGAN AVENUE FT. MYERS FL 33916	Mailing Address 4224 MICHIGAN AVENUE FT. MYERS FL 33916 US
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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 02/10/1992	5. FEI Number 65-0311270 Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee Required for a Certificate of Status	



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
DP	MARTINEZ, ZOILA Mary Williams	4224 MICHIGAN AVE., APT. 479 3501 Dale St. #C-13	FT. MYERS FL Ft. Myers, FL 33916
DV	WILLIAMS, MARY Sharron King	C 13 PALMETTO CT 2424 Edwards Dr. #1101	FT. MYERS FL Ft. Myers, FL 33901
S	HARRIS, STELLA Barbara Hall	3127 WILLARD ST 4258 Michigan Ave. #1	FT. MYERS FL Ft. Myers, FL 33916
DT	DAKOS, JOHN Elizabeth Wotring	1915 HALGRIM AVE 2424 Edwards Dr. #304	FT. MYERS FL Ft. Myers, FL 33901
P	MCCAMBRIDGE, RUTH Clotie Davis	2424 EDWARDS DR #503 4224 Michigan Ave. #215	FT. MYERS FL Ft. Myers, FL 33916

8. Name and Address of Current Registered Agent MARTINEZ, ZOILA 4224 MICHIGAN AVE. APT. 479 FORT MYERS FL 33916	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
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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: 12-18-98

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)(f), 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
Date: 12-18-98 Daytime Phone #: 332-6622

CR2E040 (9/98)