

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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 ☐

\$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)

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

9. Name and Address of New Registered Agent

MARTINEZ, ZOILA  
4224 MICHIGAN AVE.  
APT. 479  
FORT MYERS FL 33916

Name

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

Suite, Apt. #, Etc.

City

State

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.

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

Daytime Phone #

FILED

98 DEC 28 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2E040 (9/98)