

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

96 DEC 31 AM 11:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N95000001897

1 Corporation Name

HARBOR PLACE AT PEPPERTREE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

45065 MCGREGOR BLVD
#108
FT MYERS FL 33908

45065 MCGREGOR BLVD
#108
FT MYERS FL 33908

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

14831 Laguna Drive
Suite, Apt. #, etc.

3 New Mailing Office Address, If Applicable

14831 Laguna Drive
Suite, Apt. #, etc.

4 Date Incorporated or Qualified
To Do Business In Florida

04/17/1995

5 FEI Number

65-0694452

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)

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
PD	FASIG, DONALD L	45065 MCGREGOR BLVD #108 14831 Laguna Drive	FT MYERS FL 33908
VD	ROGERSON, CAROL	884 WESTLAWN	BEREA OH
STD	VINE, JAMES	14600 DETROIT AVE #1450	LAKEWOOD OH 44107

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-01/09/97--01014--001

***236.25 ***236.25

8. Name and Address of Current Registered Agent

FASIG, DONALD L
45065 MCGREGOR BLVD
#108
FT MYERS FL 33908

9. Name and Address of New Registered Agent

Name

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

14831 Laguna Drive

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-27-96

11 Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-27-96 941-433-1100
Date Daytime Phone #