

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000003088**

1. Corporation Name

PAGE PARK COMMUNITY CLUB, INCORPORATED

Principal Place of Business

507 CENTER RD
FT MYERS FL 33907

Mailing Address

C/O SEYMOUR ROCHE
106 2ND ST
FT MYERS FL 33907

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

06/26/1995

5. FEI Number

59-6155104

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	4 City / State / Zip
PD	ROCHE, SEYMOUR	106 2ND ST	FT MYERS FL 33907
VD	COLEMAN, LEO	114 3RD ST	FT MYERS FL 33907
SD	SIBLEY, JOHN	106 CENTER RD	FT MYERS FL 33907
TD	KELLNER, EDWARD JR.	106 CENTER RD	FT MYERS FL 33907
REINSTATEMENT 99 TS			

8. Name and Address of Current Registered Agent

ROCHE, SEYMOUR
106 2ND ST
FT MYERS FL 33907

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

000003035370--0

-11/04/99--01075--014

****236.25 State Zip Code 236.25

FL

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

Seymour J. Roche
REGISTERED AGENT MUST SIGN

Date 10-22-99

11. 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:

Seymour J. Roche
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-99

Date

941-9361825

Daytime Phone #