

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 26 PM 2:09

DOCUMENT # **N99000002591**

1. Corporation Name

SUPERIOR SMALL LODGING OF LEE COUNTY, INC.

Principal Place of Business

Mailing Address

701 ESTERO BLVD.
FT. MYERS BEACH FL 33931

701 ESTERO BLVD.
FT. MYERS BEACH FL 33931



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

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0878426

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD TD	BLANCHETTE, H R	1652 N TAMiami TRAIL	N FORT MYERS FL 33903
VD	SHIPPAS, NANCY	2631 FIRST ST	FORT MYERS FL 33916
SD	CARRIERE, ANDREA	1207 ESTERO BLVD	FORT MYERS BEACH FL 33931
TD	LACHAPPELLE, SYLVIA	701 ESTERO BLVD	FORT MYERS BEACH FL 33931
PD	PAUL FALISE	510 ESTERO BLVD	FT. MYERS BEACH, FL 33931
			600004765046--4 01/10/02--01058--006 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~LACHAPPELLE, SYLVIA~~
~~701 ESTERO BLVD.~~
~~FT. MYERS BEACH FL 33931~~

~~H R BLANCHETTE~~
~~1652 N. TAMiami TR~~

Name

~~H R BLANCHETTE~~

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

~~1652 N. TAMiami TR~~

Suite, Apt. #, Etc.

~~N. FORT MYERS~~

City

State

Zip Code

FL

33903

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **12/19/01**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANDREA L CARRIERE
12/19/01
941-4636554

Date

Daytime Phone #

CR2E040 (8/01)