PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P00000004119

1. Corporation Name

ESTATES INTERNATIONALE, INC.

Principal Place of Business

Mailing Address

10175-4 SIX MILE CYPRESS PKWY.

10175-4 SIX MILE CYPRESS PKWY.

FT. MYERS FL 33912

FT. MYERS FL 33912

FILED

02 DEC -6 PH 12: 16

TALLAHASSEE, FLORIDA

If above a	addresses are	incorrect in any way, line thro	ugh incorrect in	nformation and	d enter co	rrection below.	REME	TATEM	ENT	02
2. New Pr <i>959</i> Suite, Apt.	PERIL	Address, If Applicable WAY	3. New Maili 9 5 9 Suite, Apt. #,	ing Office Add	dress, If Ap	pplicable Le Way		orated or Qualified ness in Florida	01/07/2	2000
City & Stat		FL	City & State	****	<i>E</i> /	· <u>-,</u>	5. FEI Number	65-1050578		Applied For Not Applicable
Zip J	151	Country USA	^{Zip} 539.	57		5A	<u>L</u>	OF STATUS DESIRED	\$8.75 Add for a Ce	ditional Fee required ertificate of Status
7. Names	and Street Add	fresses of Each Officer and/o	r Director (Flo	rida nonprofit	corporation	ons must list at lea	st 3 directors)			
Title(s)	2	Name of Officers and/or Directors		3		t Address of Each er and/or Director		4	City / State / Zi	ip
Р	NOVELLI,	IOANNE B		1309 PAR	VIEW DR	RIVE		SANIBEL FL 3395	7	

					· ·		20 12/06/	000940 02010820	4192) **7	<u>.</u> 50.00
							•	B W/W		
								4		
	8. Name	and Address of Current R	egistered Age	nt			9. Name and A	ddress of New Regis	tered Agent	
	NEY, LANCE	M CYPRESS PKWY	ry For	the p	lay	Name JER Street Address (P	Number i	NOVELL is Not Acceptable)	<u>./. ~.</u>	
	ERS FL 339		ing Ada	1225	-	959 Suite, Apt. #, Etc.	Periu	VINKLE W	AY	
						City SANIA				3951
Signature of		registered agent of the above	R Named corpo	PAd	MA.	and accept the ob	digations of Section		17.0505, F.S. - 2/-	02
11. I certify	that vam an of	ficer or director or the receive	r or trustee em	nowered to a	xecute this	e annication se n	rovided for in char	ntor 607 or 617 E.S. Li	further contifu	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 his application is true and accurate, and my signature shall have the same legal effect as if made under oath.