

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 MAR -4 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000042784

1. Corporation Name

SENIOR ISLAND ESTATES, INC.

Principal Place of Business

Mailing Address

278 CAPRI BLVD.
ISLE OF CAPRI
NAPLES FL 34113

278 CAPRI BLVD.
ISLE OF CAPRI
NAPLES FL 34113

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

2. New Principal Office Address, if Applicable

39W Pelican St

Suite, Apt. #, etc.

Naples, FL

City & State

Zip

34113

Country

USA

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

39W Pelican St

City & State

Naples FL

Zip

34113

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/2000

5. FEI Number

651017196

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HUEGEL, CARLENE	278 CAPRI BLVD., ISLE OF CAPRI	NAPLES FL 34113

100005183281--3
-04/02/02--01053--004
*****300.00 *****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BASS, RAYMOND L JR.
THE MOORINGS PROFESSIONAL BLDG.
2335 TAMiami TR. NORTH, STE. 409
NAPLES FL 34103

Name

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

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

Raymond L Bass
REGISTERED AGENT MUST SIGN

Date

2/13/02

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:

Carlene Huegel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02
Date

Daytime Phone #

CR2E040 (8/01)

2082

**SENIOR ISLAND ESTATES
ASSISTED LIVING HOMES
39 w. Pelican St. Naples, Fl. 34113 (941) 642-3506**

3-11-02

To whom it may concern,

As per conversation made to your organization on 3-8-02 in regards to reinstatement of the corporation Senior Island Estates. I as administrator, owner, and president of corporation at no time prior to 01\02 did I neither receive nor return any document pertaining to reinstatement or application fees. The documents were sent to the wrong corporation address thru not received by myself in a timely manor. The correct corporation address is 39 W. Pelican St. Naples, Fl. 34113. I hope this clears up any confusion in this matter. I can be reached via phone at 941-642-3506 or 941-572-0893 if you have any further questions or concerns.

Regards,

Carlene Huegel

Owner/ President