

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

04 APR -2 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701000099082

1. Corporation Name

T. JOSEPH FEENEY III, DUC.

2. Principal Office Address

15720 CATALPA COVE DR

Suite, Apt. #, etc.

City & State

PORT MYERS, FLA

Zip

33908

Country

LEE

3. Mailing Office Address

15720 CATALPA COVE DR

Suite, Apt. #, etc.

City & State

PORT MYERS, FLA

Zip

33908

Country

LEE

REINSTATEMENT

02-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/11/2001

5. FEI Number

05-1145447

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joe FEENEY

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

15720 CATALPA COVE DR

Suite, Apt. #, Etc.

City

PT. MYERS

800029486048

02/27/04--01006--011 **300 00

800029486048

04/08/04--01015--017 **750 00

State

FL

Zip Code

33908

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

2-24-04

9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PD</u>	<u>THOMAS JOSEPH FEENEY III</u>	<u>15720 CATALPA COVE</u>	<u>PORT MYERS, FL 33908</u>

10. 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-04/239-481-8887

Date

Daytime Phone #

CR2E081 (9/01)