

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P01000408762**

1. Corporation Name

**ESTERO ADVERTISING AND MARKETING, INC.**

FILED

02 DEC 23 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

**24840 BURNT PINE DR., STE. 5  
BONITA SPRINGS FL**

**24840 BURNT PINE DR., STE. 5  
BONITA SPRINGS FL**

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

2. New Principal Office Address, If Applicable  
~~4143 SE 9th Place~~  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
~~4143 SE 9th Place~~  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/13/2001**

5. FEI Number

**03-0374943**

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
DPST	BELLA, DORIS J	24840 BURNT PINE DR., STE. 5	BONITA SPRINGS FL

300009365929  
12/05/02--01011--001 \*\*150.00

*Please see  
attached letter for  
correct address.*

8. Name and Address of Current Registered Agent

**BELLA, DORIS J  
24840 BURNT PINE DR., STE. 5  
BONITA SPRINGS FL**

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

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)(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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*12-3-02*

CR2E040 (8/02)

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**McHale,  
Caruso,  
Scullion & Co.**

Certified Public Accountants

8191 College Parkway, Suite 302  
Fort Myers, FL 33919  
(941) 481-7400 • Fax (941) 481-7128

November 19, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Estero Advertising and Marketing - #P01000108762  
Alva Chamber of Commerce - #P01000065771

Dear Sir/Madam:


The above referenced corporations are in receipt of your Notice of Administrative Dissolution or Revocation for the above referenced document numbers. The corporation is respectfully requesting abatement of the reinstatement fees for reasons stated in the following paragraph.

The addresses on the forms unfortunately are incorrect and the corporations did not receive the original forms for filing. It has taken this long for the post office to properly find and send these forms to the corporation who should have received them. It is because of this address problem and because the original ones were not received that the corporation is respectfully requesting abatement of the reinstatement fee.

If you have any questions concerning the above, please feel free to contact us.

Sincerely,

McHALE, CARUSO, SCULLION & CO.

  
Todd A. Caruso  
Certified Public Accountant

TAC:dlr

ATTN: Barbara,

*Per your request I am*

*sending you a copy of the letter sent  
11/19/02 by my accountant for me.*

*Please make a note of my new  
address as I am moving again:  
my new address*

*15880 RiverCreek Ct.  
Alva, Florida 33920*

*Thank You  
Doris Bella  
12-17-02*

*Phone - 339-693-8454 or 239 470-0947*