

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 18 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000009218**

1. Corporation Name

THE PALMS OF RIVIERA DUNES DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

199 BIMINI DR
PALMETTO FL 34221

199 BIMINI DR
PALMETTO FL 34221

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

2. New Principal Office Address, If Applicable

1905 7th Street W

Suite, Apt. #, etc.

City & State

Palmetto, FL

Zip

34221

Country

USA

3. New Mailing Office Address, If Applicable

1905 7th Street West

Suite, Apt. #, etc.

City & State

PALMETTO, FL

Zip

34221

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/2002

5. FEI Number

300165404

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 03



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
P	Gerald J. Snyder	1905 7th Street W	Palmetto, FL 34221

200024775012
11/18/03--01018--016 **750.00

8. Name and Address of Current Registered Agent

MATTHEWS, TERENCE
5190 26 STREET WEST, STE D
BRADENTON FL 34207

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

REGISTERED AGENT MUST SIGN

Date

NOV. 10, 2003

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

Gerald J. Snyder

Date

NOV 10/2003 (941)

Daytime Phone #

721-4017

CR2E040 (7/03)