

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 APR 16 AM 6:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000055758

1. Corporation Name

PALMETTO HOME & LAND INC.

200123704562  
04/16/08--01019--003 \*\*500.00

**REINSTATEMENT 05-08**  
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

1380 HOMESTEAD ROAD

Suite, Apt. #, etc.

SUITE B

City & State

LEHIGH ACRES FLORIDA

Zip

33936

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☐ 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

STEPHEN CONTI

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

1725 ENGLEWOOD AVE

Suite, Apt. #, Etc.

City

LEHIGH ACRES

State

FL

Zip Code

33936

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Date

REGISTERED AGENT MUST SIGN

**9. Names 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
PRES	STEPHEN CONTI (also TRES.)	1726 ENGLEWOOD AVE	LEHIGH ACRES, FL 33936
SEC.	BARBARA (BOBBI) CONTI (also V.P.)	1726 ENGLEWOOD AVE	LEHIGH ACRES, FL 33936

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 contained in Chapter 119, 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

Date

Daytime Phone #

239-368-1116  
April 11, 08

Cal 239  
051-5550