

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000083574

1. Corporation Name

Franciscan Gardens of SW Florida Inc.

2. Principal Office Address

2420 10th Ave SE

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34117

Country

USA

3. Mailing Office Address

2420 10th Ave SE

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34117

Country

USA

FILED

06 JUL 11 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 7/31/2003

5. FEI Number

11-3698829

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

Robert Levine

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

2420 10th Ave SE

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34117

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

Robert Levine
REGISTERED AGENT MUST SIGN

Date 6/27/06

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 | Robert Levine | 2420 10th Ave SE | Naples, Florida 34117 |
| | | | 800078213198 09/01/06-01028-006 **458.75 |
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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:

Robert Levine Robert Levine

6/27/06 239-280-7886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

292

FRANCISCAN GARDENS OF SW FLORIDA INC

2420 1st Ave SE
Naples, FL 34117
239-414-7347
239-414-0000 fax
franciscangardens.com

July 5, 2006

Dept. of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To whom it may concern,

I am writing to try to reinstate my corporation. I was not aware of the yearly fee until my insurance company told me that my corporation was inactive. I have twice mailed the form with a check to accomplish this goal with no result. I don't know if it is because you have the wrong zip code for my address in my corporate registration. The correct zip code is 34117. I am inclosing a check for \$450.00 for the report fees for the years 2004, 2005, 2006 plus \$8.75 for a certificate of status.

Sincerely,

Robert Levine

