

Aug-02-99 07:34pm

From-NABORS GIBLIN & NICKERSON, P.A.

8502244073

T-015 P 02/83, F-201

APPLICATION FOR REINSTATEMENT



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P35694

1. Corporation Name
Redmar Investors, Inc.

Principal Place of Business

Mailing Address

P.O. Box 537
Estero, Florida 33928-0537

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

2. New Principal Office Address, If Applicable
3584-B Exchange Avenue

3. New Mailing Office Address, If Applicable
3584-B Exchange Avenue

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State
Naples, Florida

City & State
Naples, Florida

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/91

5. FEI Number

13-2981257

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☒

SB 76 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	Philip A. Forgione	17211 Rockwood Drive	Fountain Hills, AZ 85268
D/VP/S	Miles Scofield	3584-B Exchange Avenue	Naples, Florida 34014

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-08/25/99--01004--024
***1508.75 ***1500.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Philip A. Forgione
24831 Wax Myrtle Drive
Bonita Springs, Florida 33923

Name
Richard D. Yovanovich, Esq.
Street Address (P.O. Box Number is Not Acceptable)
4001 Tamiami Trail North
Suite, Apt. #, Etc
Suite 300

City
Naples

State
FL

Zip Code
34103

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 taxes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE