

PLEASE READ ALL INSTRUCTIONS BEFORE FILING

**APPLICATION
FOR
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

FILED

**Feb 01 1999 8:00 am
Secretary of State**

DOCUMENT # P94000014981

1. Corporation Name

Maple Tree Inn, Inc.

Mailng Address

Principal Place of Business

**15200 S. Cleveland Ave.
Unit 112
Ft. Myers, FL 33908**

Same

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

12951 Metro Parkway

Suite, Apt. #, etc.

3. New Principal Office Address, If Applicable

12951 Metro Parkway

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

02/24/1994

5. FEI Number

65-0469575

Applied For

Not Applicable

City & State

Ft. Myers, FL

Zip

33912

Country

USA

City & State

Ft. Myers, FL

Zip

33912

Country

USA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	Dellagnolo, Hermann	12951 Metro Pkwy.	Ft. Myers, FL 33912
			200002706872--01
			-02/03/99-01012-007
			***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

**Hermann Dellagnolo
15200 S. Cleveland ave.
Unit 112
Ft. Myers, FL 33908**

9. Name and Address of New Registered Agent

Name

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

12951 Metro Parkway

Suite, Apt. #, Etc.

City

Fort Myers,

State

FL

Zip Code

33912

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **1-14-99**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability for non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Hermann Dellagnolo

Date

January 15/1999- 941-561 6866

Daytime Phone #

CR2040 (6/94)