

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE
	Sandra B. Mortham
	Secretary of State
	DIVISION OF CORPORATIONS

DOCUMENT # P94000023764

1. Corporation Name

MARINA & GOLF RESORT PROPERTIES, INC.

Principal Place of Business

3005 CARING WAY #A  
PORT CHARLOTTE FL  
33952

Mailing Address

SAME

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

2. New Principal Office Address, If Applicable

3005 CARING WAY #A

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

City & State

CHARLOTTE

Zip

33952

Country

FLORIDA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03-29-94

5. FEI Number

65-0476904

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
DPST	CORNELIS TUKKER	3005 CARING WAY #A	PORT CHARLOTTE FL 33952

REINSTATEMENT

99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SEE NEW AGENT

Name

J. SCOTT JOINER, CPA

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

3005 CARING WAY #A

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33952

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10-14-99

*[Signature]*

11. This corporation owes or has paid 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 fees owed by the corporation have been paid and the name 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:

CORNELIS TUKKER

10-14-99 941-629-1197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #