

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044516

1. Corporation Name

PHASE XV, INC.

Principal Place of Business

267 COLONADE CR
NAPLES FL 39103
US

Mailing Address

237 COLONADE CIRCLE
NAPLES FL 33940
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/1994

5. FEI Number

65-0522050

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SR 75. A fee of \$75.00 is 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	4 City / State / Zip
D	BOU-SLIMAN, GEORGE K	237 COLONADE CIRCLE	NAPLES FL
D	BOU-SLIMAN, BARBARA	237 COLONADE CIRCLE	NAPLES FL

100003039791--2
-11709799--01063--024
***750.00 ***750.00

8. Name and Address of Current Registered Agent

BOU-SLIMAN, GEORGE K
237 COLONADE CIRCLE
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 10/15/99

11. 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 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

George K. Bou-Sliman
Pres.

Date

10/15/99

Daytime Phone #

241
434 7600

CR2040 (0/99)