

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION
FOR



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000044622

1. Corporation Name

SANIBEL ISLAND PROVISIONERS, INC.

Principal Place of Business

Mailing Address

2075 PERIWINKLE WAY
#14
SANIBEL FL 33957

2075 PERIWINKLE WAY
#14
SANIBEL FL 33957

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

2. New Principal Office Address, If Applicable

15011 PUNTA RASSA RD SW #504

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#504

City & State
FT MYERS FL

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/10/1994

5. FEI Number

65-0511274

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ERICKSON, TIM MOVED - SEE BELOW	3215 GULF SHORE BLVD N SUITE 202	NAPLES FL 34103
D	BUSH, GREGORY NO LONGER OFFICER	15031 PUNTA RASSA ROAD SW	FT MYERS FL 33908
Pres	ERICKSON T.M.	15011 PUNTA RASSA RD SW #504	FT MYERS 33928
			500003488495-2
			12/06/00 01005 003
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MURTY, TIMOTHY J
1633 PERIWINKLE WAY SUITE A
SANIBEL FL 33957

Name

T.M. ERICKSON

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

15011 PUNTA RASSA RD SW #504

Suite, Apt. #, Etc.

504

City

FT MYERS

State

FL

Zip Code

33908

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

T.M. Erickson
REGISTERED AGENT MUST SIGN

Date 11-09-00

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

Date

Daytime Phone #

11-09-00 944-466-7393

Sanibel Island Provisioners
15011 Punta Rassa Road SW
Unit 504
Fort Myers, Fl. 33908

To: Florida Department of State
Division of Corporations

Nov. 9, 2000

Re: Application for Corporate Renewal

To Whom It May Concern:

In March I sold the business at the location 2075 Periwinkle Way, Sanibel Island, Florida for reasons of poor health. I am legally blind in addition to being in the hospital this year for triple heart surgery.

In May I returned to my home in Seattle, WA for rest and recuperation and have just returned to Florida on Nov. 5th. I received my notice of dissolution from the parties who purchased my business, unfortunately they neglected to send the original renewal notice to me. That would have allowed me to pay the renewal notice timely. It is for these reasons that I ask for an exception and request that you accept my one hundred and fifty dollars-(\$150.00) remittance to renew the status of Sanibel Island Provisioners Inc. #P94000044622

Thank You



Sanibel Island Provisioners, Inc.