

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 # P94000054781

1. Corporation Name

GULF COAST TURF OF FORT MYERS, INC.

Principal Place of Business

Mailing Address

3066 MICHIGAN AVENUE
FORT MYERS, FLORIDA
33916

3066 MICHIGAN AVENUE
FORT MYERS, FLORIDA
33916

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

28 AUG 28 PM 2: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

96-980
1/28
8/28/98

4. Date Incorporated or Qualified
To Do Business in Florida
07/21/1994

5. FEI Number
65-0510558

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	HAMILTON, JOSEPHINE	4308 ZANA DRIVE	FORT MYERS, FL 33905
STD	GREEN, WILLIE TROY	1731 RALEIGH STREET	FORT MYERS, FL 33916

500002630585-9
-09/01/98--01080--001
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREEN, WILLIE B.
3066 MICHIGAN AV.
FORT MYERS, FL 33916

Name
HAMILTON, JOSEPHINE
Street Address (P.O. Box Number is Not Acceptable)
4308 ZANA DRIVE
Suite, Apt. #, Etc.

City
FORT MYERS
State
FL
Zip Code
33916

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

Josephine Hamilton, president
REGISTERED AGENT MUST SIGN

Date 8/26/98

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 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:

Josephine Hamilton President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/98 941 332-0027
Date Daytime Phone #

CP2E040 (1/98)