

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 # **P94000057672**

1. Corporation Name

**ALL OFFICE SUPPORT OF LEE & COLLIER, INC.**

Principal Place of Business

7181 COLLEGE PKWY  
STE 30  
FORT MYERS FL 33907-5640  
US

Mailing Address

7181 COLLEGE PKWY  
STE 30  
FORT MYERS FL 33907-5640  
US

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

4. Date Incorporated or Qualified  
To Do Business In Florida

08/03/1994

5. FEI Number

65-0516856

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
P	KANE, ELLEN	7265 LAKE DRIVE	FT. MYERS FL 33908
VST	KANE, DAVID J	7265 LAKE DRIVE	FT. MYERS FL 33908
			100002344761--7 -11/12/97--01081--007 ***750.00 ***750.00
			<b>REINSTATEMENT</b> '97 SCC 11-6-97

8. Name and Address of Current Registered Agent

LEVY, KIM  
2110 CLEVELAND AVENUE  
FORT MYERS FL 33901

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	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 10-30-97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*David J Kane* U/S/T David J Kane 30-Oct-97 941-939-2200

APPROVED  
AND  
FILED

1997 OCT -6 PM 2:17  
SECRET  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



CP2ED040 (8/97)