

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 27 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000012383

1. Corporation Name

RS - COSMOPOLITAN RESIDENCE, INC.

2. Principal Office Address

20 Cosmopolitan Drive, Unit 4
Suite, Apt. #, etc.

City & State

Lehigh Acres, FL

Zip Country
33936 US

3. Mailing Office Address

20 Cosmopolitan Drive, Unit 4
Suite, Apt. #, etc.

City & State

Lehigh Acres, FL

Zip Country
33936 US

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/14/95

5. FEI Number

65-0571954

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Garey F. Butler

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

Humphrey & Knott, P.A.

Suite, Apt. #, Etc.

1625 Hendry Street, #301

City

Fort Myers

State
FL

Zip Code
33901

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Garey F. Butler

REGISTERED AGENT MUST SIGN

Date 4/26/2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Robert F.X. Schroll	20 Cosmopolitan Drive, Unit 4	Lehigh Acres, FL 33936
S/T	Ingrid Wittman	20 Cosmopolitan Drive, Unit 4	Lehigh Acres, FL 33936
			700003248967-9 -05/11/00--01093--003 ****900.00 ****900.00

10. 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: *J. Wittmann* Ingrid Wittman 4.27.00 (941) 369-1710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)