

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF FLORIDA DEPARTMENT OF STATE  
FOR THE SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**P9500030066**

**FILED**

DOCUMENT # P9500030066

97 MAR 21 AM 8:49

1. Corporation Name

Charlotte Harbor Drive, Inc.

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

8175 Main Street  
Bokeelia, FL 33922

8175 Main Street  
Bookelia, FL 33922

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

4. Date Incorporated or Qualified To Do Business in Florida

April 18, 1995

Suite, Apt. #, etc.

3774 Cracker Way

Suite, Apt. #, etc.

3774 Cracker Way

City & State

Bonita Springs, Florida

City & State

Bonita Springs, Florida

Zip 33923

Country

USA

Zip

33923

Country

USA

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 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)

FF \$915.00

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVSD	Sargent, Charles L.	3774 Cracker Way	Bonita Springs, FL 33923
D	Sargent, Frank	5433 Brandy Circle	Fort Myers, FL 33919

300002120933-0  
-03/21/97-01106-015  
\*\*\*\*915.00 \*\*\*\*915.00

**REINSTATEMENT** 96-97  
Let 3/21

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Earl D. Farr, Jr.  
115 West Olympia Avenue  
Punta Gorda, FL 33950

Name Mary Beth Clary, Esq.  
Street Address (P.O. Box Number is Not Acceptable) 4501 Tamiami Trail North  
Suite, Apt. #, Etc. Suite 400  
City Naples, State FL Zip Code 34013

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

*Mary Beth M Clary*

REGISTERED AGENT MUST SIGN

Date 3/3/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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

*[Signature]*

3/17/97  
Date

941-432-9110  
Daytime Phone #

1997E040 (12/96)