

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P95000030066

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Corporation Name

Charlotte Harbor Drive, Inc.

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.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip 33923

Country USA

Zip 33923

Country USA

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
Feb 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

3/17/97
Date

941-432-9110
Daytime Phone #