

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 16 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000041184

1. Corporation Name

WILSHIRE PINES DEVELOPMENT CORPORATION

Principal Place of Business

2700 PINE RIDGE ROAD
NAPLES FL 34105
US

Mailing Address

2700 PINE RIDGE ROAD
NAPLES FL 34105
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

05/25/1995

5. FEI Number

65-0588463

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	MANGAN, JEFFREY R	2700 PINE RIDGE ROAD	NAPLES FL 34105
VSD	JOHNSON, KENNETH R	4001 TAMiami TRAIL NORTH, SUITE	NAPLES FL 34103
T	MAURAIS, TIMOTHY	2700 PINE RIDGE ROAD	NAPLES FL 34105

300003079253--2
-12/23/99--01050--007
****750.00 ****750.00

8. Name and Address of Current Registered Agent

JOHNSON, KENNETH R ESQUIRE
4001 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name Jeffrey R. Mangan
Street Address (P.O. Box Number Not Acceptable) 2700 Pine Ridge Rd
Suite, Apt. #, Etc.
City Naples State FL Zip Code 34105

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

12/13/99

11. 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 #

12/13/99

KE