

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000067633**

1. Corporation Name

WALTER STOBBS ASSOCIATES, INC.

Principal Place of Business

1515 MUREX DR.
NAPLES FL ~~00040-5147~~

Mailing Address

1515 MUREX DR.
NAPLES FL ~~00040-5147~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1515 Murex Dr.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
1515 Murex Dr.

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34102

Country

U.S.A.

City & State

Naples, FL

Zip

34102

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/1995

5. FEI Number

05-0610017

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

See Instructions for details regarding
this optional certificate.

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
D	STOBBS, WALTER J	1515 MUREX DR.	NAPLES FL 00040 -34102
D	STOBBS, JEAN M	1515 MUREX DR.	NAPLES FL 00040 -34102
D	EARLE, LORRAINE	301 WEST SHORE RD.	ALBURY, VT 05440
D	RYAN, GARTH	301 WEST SHORE RD.	ALBURY, VT 05440
	800003066158--3 -12/10/99--01009--010 ***550.00 ***550.00		800003066158--3 -12/10/99--01009--009 ***200.00 ***200.00

8. Name and Address of Current Registered Agent

~~BROWN, DENNIS G~~
~~BOND, SCHOENECK AND KING, P.A.~~
~~1167 ORD ST. SOUTH, STE. 107~~
~~NAPLES FL 33940~~

9. Name and Address of New Registered Agent

Name
William M. Burke c/o Bond, Schoeneck & King, P.A.
Street Address (P.O. Box Number is Not Acceptable)
4001 Tamiami Trail North
Suite, Apt. #, Etc.
Suite 404
City
Naples State **FL** Zip Code **34103**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

William M. Burke
William M. Burke REGISTERED AGENT MUST SIGN

Date **11/17/99**

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 807 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 807.0401 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:

Walter J. Stobb
WALTER J. STOBBS, President

10/29/99 941-262-8101
Date Daytime Phone #

FILED

99 NOV 23 PH 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

