

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA5000082202**

1. Corporation Name

St. Amand of Sanibel, Inc.

Principal Place of Business

Mailing Address

**5735 Pinetree Drive
Sanibel Island, Fl.**

same

33957

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

same
Suite, Apt. #, etc.

same
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/95

5. FEI Number

65-0624801

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pre/ sec/tre	Patrica Lange	5735 Pinetree Dr.	Sanibel Island, Fl 33957

8. Name and Address of Current Registered Agent

**Patrica Lange
5735 Pinetree Dr.
Sanibel Island Fl. 33957**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 **Patricia A. Lange**
REGISTERED AGENT MUST SIGN

Date **9-11-97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ **Comp. is not doing buisness**
(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: **Patricia A. Lange Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-97 941-472-1742
Date Daytime Phone #

CR20040 (1/2/96)

LAW OFFICES
JOHN KYLE SHOEMAKER, P.A.
ATTORNEY AT LAW

941-332-3855

2058 COTTAGE STREET
"THE COMPOUND"
FORT MYERS, FLORIDA 33901

REPLY TO:
POST OFFICE BOX 1601
FORT MYERS, FLORIDA 33902

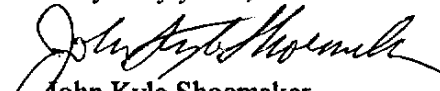
10-6-97

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32399

Re: Reinstatement St. Amand of Sanibel, Inc.

My office represents St. Amand of Sanibel Inc. . Enclosed is the application for reinstatement. Also enclosed is my office check for \$923.75 for the reinstatement for the corporation for 1996 and 1997 of \$915.00 and \$ 8.75 for a certificate of status for a total of \$923.75. Please return the certificate of status to my post office address. If you have any questions please contact my office.

Very truly yours,


John Kyle Shoemaker

Cert. R.R. #z 366 451 328