

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

98 AUG -3 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT

1. Corporation Name

#P96000001988

XPEDITE REALTY CORPORATION

Principal Place of Business

Mailing Address

BONITASPREUSS, FL

4484 Brynwood Drive  
NAPLES, FL 33999

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. N/A

Suite, Apt. #, etc. N/A

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

JAN. 8, 1996

5. FEI Number

58-2225201

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.	ROBERT A. EPSTEIN (Officer + Director)	4484 Brynwood Drive	Naples, FL 33999
T.	ROBERT A. EPSTEIN	4484 Brynwood Drive	Naples, FL 33999
S.	ROBERT A. EPSTEIN	4484 Brynwood Drive	Naples, FL 33999

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-08/11/98--01024-012  
\*\*\*900.00 \*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Salvatori, Leo J.  
4501 Tamiami Trail North  
Suite 300  
Naples, FL 33940-3060

Name

Robert A. Epstein

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

4484 Brynwood Drive

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

33999

Signature of  
Registered Agent

Robert A. Epstein

REGISTERED AGENT MUST SIGN

Date

JULY 20, 1998

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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

JULY 20, 1998

Date

(941) 592-6622

Daytime Phone #

CR20040 (1/98)