

**APPLICATION  
FOR  
REINSTATEMENT**



DOCUMENT # P96000032893

FILED

99 DEC 13 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing Address

285 OHIO AVENUE  
FT. MYERS BEACH FL 33931

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Country

Country

**4. Date Incorporated or Qualified To Do Business In Florida**

04/15/1996

**SP**

5. FEI Number

**65-0807201**

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)**

8. Name and Address of Current Registered Agent

**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

1 David J. [Signature]  
REGISTERED AGENT MUST SIGN

Date DEC 10 1999

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 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:**

Daniel J. Saxe DANIEL J. SAXE 12/10/99 (941) 463-2977  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
PRES./DIR.

CR2E040 (8/99)