

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

99 FEB 17 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000035956

1. Corporation Name

**Equity Investments & Development, Inc.**

Principal Place of Business  
**5020 Tamiami Trail N., #200  
Naples, FL 33940**

Mailing Address  
**5020 Tamiami Trail N.,  
#200  
Naples, FL**

300002771869--2  
-02/10/99--01074--020  
\*\*\*1111.75 \*\*\*\*918.00

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

2. New Principal Office Address, If Applicable <b>800 Laurel Oak Drive</b>		3. New Mailing Office Address, If Applicable <b>800 Laurel Oak Drive</b>	
Suite, Apt. #, etc. <b>Suite 600</b>		Suite, Apt. #, etc. <b>Suite 600</b>	
City & State <b>Naples, Florida</b>		City & State <b>Naples, Florida</b>	
Zip <b>34108</b>	Country <b>US</b>	Zip <b>34108</b>	Country <b>US</b>

4. Date Incorporated or Qualified  
To Do Business in Florida

4/22/96

5. FEI Number  
**65-0665071**

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
DPVS	S. Charles Bennett, III	800 Laurel Oak Dr., Ste. 600	Naples, Florida 34108

FF \$900.00

98-95

2/2/99

8. Name and Address of Current Registered Agent

**Craig R. Woodward  
Woodward, Pires & Lombardo, P.A.  
606 Bald Eagle Drive, Suite 500  
Marco Island, FL 33969**

9. Name and Address of New Registered Agent

Name  
**Mark J. Woodward**  
Street Address (P.O. Box Number is Not Acceptable)  
**801 Laurel Oak Drive,  
Suite, Apt. #, Etc.  
Suite 710  
City  
Naples**

State Zip Code  
**FL 34108**

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

2/3/99

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

**S. Charles Bennet, III, President**

Date

2/4/99

(941) 514-5005