

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P96000047656

1. Corporation Name

PHILIPPE LANDING OF SAFETY HARBOR, INC.

Principal Place of Business

2035 PHILIPPE PARKWAY  
SAFETY HARBOR FL 34695

Mailing Address

2035 PHILIPPE PARKWAY  
SAFETY HARBOR FL 34695

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

99 DEC -1 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida

06/03/1996

5. FEI Number

59-3387644

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	4 City / State / Zip
D	BILGUTAY, ILHAN M	2035 PHILIPPE PARKWAY	SAFETY HARBOR FL 34695
SEC.	HOEKSTRA, MARY	595 NORTH BAYSHORE DR.	SAFETY HARBOR, FL 34695
			400003071334--7 -12/15/99--01075--003 ****800.00 ****600.00
			400003071334--7 -12/15/99--01075--004 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

ROMAN & ROMAN, P.A.  
2196 MAIN STREET  
SUITE L  
DUNEDIN FL 34698

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Roman & Roman, P.A.

By: Stephen A. Fehr, Attorney at Law

REGISTERED AGENT MUST SIGN

Date Nov. 3, 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 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

10/15/99

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725-  
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