

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 23 PM 4:01

DOCUMENT # **P96000048704**

1. Corporation Name

PALM SHORES DEVELOPMENT CORPORATION

2. Principal Office Address

8901 QUALITY ROAD

3. Mailing Office Address

Same

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

City & State

Zip

34135

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/7/1996

5. FEI Number

65-0673437

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DOUGLAS J. CARVER

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

8901 QUALITY ROAD

Suite, Apt. #, Etc.

B

City

BONITA SPRINGS

State

FL

Zip Code

34135

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **08/19/02**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	DOUGLAS J. CARVER	3781 CATBRIER CT	BONITA SPRINGS, FL 34134
Sec	PHILIP W. RICE	23661 WATERSIDE DR.	BONITA SPRINGS, FL 34134

10. 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

406 19, 2002 **239-495-0344**

Date

Daytime Phone #

x312

CR2E081 (9/01)