

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 20 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000083041

1. Corporation Name

CHARLESTON COURT TRACT R DEVELOPMENT GROUP, INC.

5405 TAYLOR ROAD
5405 TAYLOR ROAD

2. Principal Office Address

5405 TAYLOR ROAD

3. Mailing Office Address

5405 TAYLOR ROAD

Suite, Apt. #, etc.

SUITE 4

Suite, Apt. #, etc.

SUITE 4

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

34109

Country

US

Zip

34109

Country

US

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

10/08/1996

5. FEI Number

65-0733484

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Paula J. Davis

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

6881 Sable Ridge Lane

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34109

000039338010
07/20/04--01033--012 **300.00

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

Date 7.16.04

REGISTERED AGENT MUST SIGN

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
P	DAVIS, PAULA J.	6881 Sable Ridge Lane	Naples, FL 34109
S	FRASCO, JOHN W.	1668 Telegraph Road	Bloomfield Hills, MI 48302

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

7.16.04

Date

Daytime Phone #

CR2E081 (01/04)