

# APPLICATION FOR REINSTATEMENT



DOCUMENT # P96000100515

### 1. Corporation Name

**CUMBERLAND PROPERTIES, INC.**

Principal Place of Business

**Mailing Address**

~~204 ROCK HILL CT~~ 62  
MARCO ISLAND FL 34145  
IIS

~~P O BOX 1480~~  
MARCO ISLAND FL 34145  
IIS

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

2. New Principal Office Address, If Applicable

3. **New Mailing Office Address, If Applicable**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business In Florida

12/12/1996

5. FEI Number

59-3430859

Applied Eng

Not Applicable

6. **CERTIFICATE OF STATUS DESIRE**

\$8.75 Additional Fee required for each additional copy of Exhibit.

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPC	STORM JR, RICHARD	450 EAST E/KRAM CIRCLE	MARCO ISLAND, FL 34145
DST	PULA, DAVID S	45 SWEET FERN DRIVE	WEST SPRINGFIELD, MA 01089
D	LAVIN, CHRISTOPHER J	2 EAST MEADOW ROAD	WESTPORT, CT 06880
			300003035403--6 -11/04/99--01079--013 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREUSEL, JAMIE B  
1104 N. COLLIER BLVD.  
C/O BERRY & GREUSEL  
MARCO ISLAND FL 34145

Name \_\_\_\_\_

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

Suite, Apt. #, Etc.

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CHV

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

Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

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 included 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

Def

Daytime Phone # \_\_\_\_\_