

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000037654

1. Corporation Name

OMNI DEVELOPMENT OF FT. MYERS, INC.

Principal Place of Business

8695 COLLEGE PKY., STE. 233  
FT. MYERS FL 33919

Mailing Address

8695 COLLEGE PKY., STE. 233  
FT. MYERS FL 33919

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

2. New Principal Office Address, If Applicable  
675 15th Ave. South  
Suite, Apt. #, etc.

City & State  
NAPLES, FLORIDA  
Zip 34102 Country USA

3. New Mailing Office Address, If Applicable  
675 15th Ave South  
Suite, Apt. #, etc.

City & State  
NAPLES, FLORIDA  
Zip 34102 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/25/1997

5. FEI Number

65-090-6216

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CERTIFICATE OF STATUS DESIRED

Applied For  
Not Applicable

\$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 P.O. Box Number)	4 City / State / Zip
D	WATSON, WILLIAM B III	527 E. UNIVERSITY AVE.	GAINESVILLE FL 32601
D	LEE, JAMES H.	527 E. UNIVERSITY AVE.	GAINESVILLE, FL 32601

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FLORIDA 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL Zip Code

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

Karen B. Rozar

Karen B. Rozar, Asst. Sec.

Corporation Service Company

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

None due - no business  
conducted. ☒

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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES H. LEE

4/5/99

941/403-7491

CR2E040 (9-95)