

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 NOV -9 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000061966**

1. Corporation Name

TWO DOVE MANOR, INC.

Principal Place of Business

16357 EAST AINTREE DRIVE
LOXAHATCHEE FL 33470

Mailing Address

16357 EAST AINTREE DRIVE
LOXAHATCHEE FL 33470

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/1997

5. FEI Number

65-0768528

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
STD	ROBERSON, ALICE R	16357 EAST AINTREE DRIVE	LOXAHATCHEE FL 33470
P	Wilson Kelly	16357 East Aintree Drive	Loxahatchee FL 33470
			0000004703140--6 -12/04/01--01005--003 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Kelly Wilson
Street Address (P.O. Box Number is Not Acceptable)
16357 East Aintree Dr.
Suite, Apt. #, Etc.
City Loxahatchee State FL Zip Code 33470

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

Kelly Wilson

REGISTERED AGENT MUST SIGN

Date

11/5/01

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:

Kelly Wilson Kelly Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/01 561 792 3839
Daytime Phone #

CR2E040 (8/01)