

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

98 NOV 25 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000102641

1. Corporation Name

RENTAL WIZARD, INC.

Principal Place of Business

Mailing Address

2301 DEL PRADO BLVD.  
CORALWOOD SHOPPING CENTRE SUITE 100  
CAPE CORAL FL 33990

2301 DEL PRADO BLVD.  
CORALWOOD SHOPPING CENTRE SUITE 100  
CAPE CORAL FL 33990



REINSTATEMENT

98

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

2. New Principal Office Address, If Applicable

8695 COLLEGE PARKWAY  
Suite, Apt. #, etc.

330

City & State

FORT MYERS

FL

Zip

33919

Country

LGE

3. New Mailing Office Address, If Applicable

P.O. BOX 07217  
Suite, Apt. #, etc.

City & State

FORT MYERS

FL

Zip

33919

Country

LEE

4. Date Incorporated or Qualified  
To Do Business in Florida

12/05/1997

5. FEI Number

☒ 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	DAVIS, LINDA K	2301 DEL PRADO BLVD. 8695 COLLEGE PKWY, SUITE 330	CAPE CORAL FL 33990 FORT MYERS, FL 33919
VPD	HOELTKE, GERHARD ERNST KREILINGER, BARBARA	2301 DEL PRADO BLVD. 8695 COLLEGE PKWY, SUITE 330	CAPE CORAL FL 33990 FORT MYERS, FL 33919
SD	GURLEY, MARK L	2301 DEL PRADO BLVD. 8695 COLLEGE PKWY, SUITE 330	CAPE CORAL FL 33990 FORT MYERS, FL 33919
TD	HARTMANN KOENIG, RENATA KREILINGER, RENATA	2301 DEL PRADO BLVD. 8695 COLLEGE PKWY, SUITE 330	CAPE CORAL FL 33990 FORT MYERS, FL 33919

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-12/03/98-01092-010

\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POWELL, WILLIAM M P.A.  
2002 DEL PRADO BLVD.  
SUITE 105  
CAPE CORAL FL 33990

Name

William M. Powell, P.A.

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

3515 Del Prado Blvd., Suite 101

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

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

*[Signature]* **REGISTERED AGENT MUST SIGN**

Date

November 19-98

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

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

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]* RENATA H. KREILINGER 11-18-1998 (941) 458-5443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)