

FILED

03 OCT 14 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000003315			
1. Corporation Name ESTERO REALTY, INC.			
Principal Place of Business 18059 S. TAMiami TR FORT MYERS FL 33912 US		Mailing Address P.O. BOX 389 ESTERO FL 33928 US	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable 20575 S. TAMiami TR		3. New Mailing Office Address, if Applicable SAME	
Suite, Apt. #, Etc.		Suite, Apt. #, Etc.	
City & State ESTERO FL		City & State	
Zip 33928	Country U.S.	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 01/12/1998		5. FEI Number 85-0816783	
6. CERTIFICATE OF STATUS DESIRED ☒		SC.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 Officer and/or Director	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PVPS	FLAHERTY, KATHERINE E	10730 GOODWIN	BONITA SPRINGS FL 34135
T	STEPHENS, THERESA	830 85TH AVENUE N	NAPLES FL 34108
8. Name and Address of Current Registered Agent			
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
Suite, Apt. #, Etc.			
City			
State Zip Code			
FL			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0508, F.S. or 617.0506, F.S.			
Signature of Registered Agent Katherine E. Flaherty		Date 10-13-03	
REGISTERED AGENT MUST SIGN			
I certify that I am an officer or director of 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, P.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: Katherine E. Flaherty		Date 10-13-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		H03000295732 3	

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000295732 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 521-1030

CORPORATION REINSTATEMENT

ESTERO REALTY, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$758.75

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)