

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg. 1 of 2

FILED

00 APR 11 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

09-00AB

DOCUMENT # P98000005155

1. Corporation Name

POINCIANA Estates of Ft Myers, INC

2. Principal Office Address

6451 Melody Lane

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 3192

Suite, Apt. #, etc.

City & State

Ft Myers, FL

City & State

NAPLES, FLORIDA

Zip

33917

Country

USA

Zip

34106

Country

USA

4. Date Incorporated or Qualified
--To Do Business in Florida--

1/15/1998

5. FEI Number

65-0809329

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Judith M Lotz

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

3552 CORANA WAY

Suite, Apt. #, Etc.

City

NAPLES

700003225167-3

04/25/00-01078-003

****308.75 ****308.75

State
FL

Zip Code

34105

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Judith M Lotz

Date

4/4/2000

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	Judith M Lotz	3552 CORANA WAY	NAPLES FL 34105
(ONLY OFFICERS)			
VP	THOMAS G. LOTZ	3544 CORANA WAY	NAPLES, FL 34105

10. 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:

Judith M Lotz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/4/2000

Daytime Phone #

941 261-0635

CR2E081 (9/99)