

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV -5 AM 11:13

DOCUMENT # P98000008915

1. Corporation Name

FORT MYERS ASSOCIATES, INC.

Principal Place of Business

4760 S. CLEVELAND AVE
FT MYERS FL 33907

Mailing Address

4760 S. CLEVELAND AVE
FT MYERS FL 33907



REINSTATEMENT **103** **01**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0808091

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V	WARD, JENNIFER A DELETE	4760 S. CLEVELAND AVE	FT MYERS FL 33907
P	CHARLES L. COLE	4760 S CLEVELAND AVE	FL. MYERS, FL. 33907

600004703496--6
-12/04/01--01024--004
****750.00 ****750.00

8. Name and Address of Current Registered Agent

WARD, JENNIFER A
4760 S. CLEVELAND AVE
FT MYERS FL 33907

9. Name and Address of New Registered Agent

Name **PETER W. SOOM**
Street Address (P.O. Box Number is Not Acceptable)
1930 PARK MEADOWS DR
Suite, Apt. #, Etc.
Suite 5
City **FL. MYERS** State **FL** Zip Code **33907**

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

Peter W. Soom

REGISTERED AGENT MUST SIGN

Date

11/1/01

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:

Charles R. Cole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/01 (941) 275-1111

Daytime Phone #

CR2E040 (8/01)