

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000058754

1. Corporation Name

FLORIDA BANK

Principal Place of Business

6321 DANIELS PARKWAY  
FORT MYERS FL 33912

Mailing Address

P.O. BOX 61279  
FORT MYERS FL 33906-1279



600008673786  
10/29/02--01132--003 \*\*150.00

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

06/30/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0802103

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
D	BUNDSCHU, CHARLES C III	5900 ENTERPRISE PKWY	FORT MYERS FL 33905
EVCF	PANICARO, NICHOLAS J	2924 SW 3RD PL	CAPE CORAL FL 33914
D	GALEANA, FRANK	13323 ROSEWOOD LANE	NAPLES FL 34119
D	HURST, ELMO J	27281 IBIS COVE CT	BONITA SPRINGS FL 34134
PCEO	JOHNSON, LARRY W	12611 ALLENDALE CIR	FORT MYERS FL 33912
D	JOHNSON, KARL L	2141 W LAKEVIEW BLVD	N. FORT MYERS FL 33903

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

NICHOLAS J PANICARO

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

2924 SW 3RD PLACE

Suite, Apt. #, Etc.

CAPE

City

CAPE CORAL

State

FL

Zip Code

33914

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/22/02

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:

SIGNATURE REQUIRED  
NICHOLAS J. PANICARO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/22/02

Daytime Phone # 239-415-5002

CR2E040 (8/02)



October 23, 2002

State of Florida  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Gentlemen:

Old Florida Bank has not received any notification of fees due. The first notice received was the application for reinstatement. Enclosed is a check for the \$150.00 annual fee. I trust you will be able to waive the penalty, since we were never notified.

Thank you for your cooperation, should you have any questions, I can be reached at 239-415-5002.

Sincerely,

A handwritten signature in cursive script, appearing to read "N.J. Panicaro", written over a horizontal line.

N.J. Panicaro  
Executive Vice-President & CFO