

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV 19 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PA6000095501*

1. Corporation Name

CLIPPER COVE AT BAL HARBOR, INC.

Principal Place of Business

Mailing Address

942 NORTH COLLIER BLVD.
MARCO ISLAND, FL 34145

928 NORTH COLLIER BLVD.
MARCO ISLAND, FL 34145

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

11/12/98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

XX

Applied For

City & State

City & State

59-3586958

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

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
Director	STEVE D. OYER	928 NORTH COLLIER BLVD	MARCO ISLAND, FL 34145
Director	JOSEPH D. BOFF	942 NORTH COLLIER BLVD.	MARCO ISLAND, FL 34145
Director	ROBERT J. GLEASON	4629 SW 23rd AVE 5702 DANE WOOD COURT	Cape Coral, FL 33914 FT. MYERS, FL 33919

100003063671--5
-12/07/99--01099--017
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHN F. STANLEY
2660 AIRPORT ROAD SOUTH
NAPLES, FL 34112

Name

WILLIAM G. MORRIS

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

247 NORTH COLLIER BLVD., SUITE 202

Suite, Apt. #, Etc.

City

MARCO ISLAND

State

FL

Zip Code

34145

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

Date 11-2-99

REGISTERED AGENT MUST SIGN

11. This corporation owes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE