

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  
DIVISION OF CORPORATIONS  
01 OCT 19 PM 2:13

DOCUMENT # P99000022371

1. Corporation Name

ST. CHARLES HOMES INC.

Principal Place of Business

Mailing Address

~~17505 SOUTH TAMiami TR. STE 202~~  
~~FORT MYERS FL 33908~~

~~17505 SOUTH TAMiami TR. STE 202~~  
~~FORT MYERS FL 33908~~



REINSTATEMENT

01

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

2. New Principal Office Address, If Applicable

~~10060 Amberwood Rd.~~

Suite, Apt. #, etc.

~~Suite 3~~

City & State

~~Fort Myers~~

Zip

~~33913~~

Country

~~Lee~~

3. New Mailing Office Address, If Applicable

~~10060 Amberwood Rd.~~

Suite, Apt. #, etc.

~~Suite 3~~

City & State

~~Fort Myers~~

Zip

~~33913~~

Country

~~Lee~~

4. Date Incorporated or Qualified  
To Do Business in Florida

03/10/1999

5. FEI Number

65-0902257

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	TACKETT, JIM	8547 CHASE PRESERVE DR	NAPLES FL 34113
PD	SARVER, Robert L. II	9233 Pineapple Rd.	Fort Myers, FL 33912
VD	SARVER, ROBERT L II	9233 PINEAPPLE RD	FORT MYERS FL 33912
VD	David C. Smith	18225 Riccardo Rd.	Fort Myers, FL 33912
TSD	SARVER, HELEN I	9323 PINEAPPLE RD	FORT MYERS FL 33912
			7000004661777--8
			-11/01/01--01008--002
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

SARVER, HELEN I  
9232 PINEAPPLE RD  
FORT MYERS FL 33912

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/01

Daytime Phone #

CR2E040 (8/01)