

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 5:54

DOCUMENT # P99000109968

1. Corporation Name

HISTORIC PUNTA GORDA, INC.

Principal Place of Business

6000 CYPRESS GROVE CIRCLE
PUNTA GORDA FL 33980

Mailing Address

6000 CYPRESS GROVE CIRCLE
PUNTA GORDA FL 33980



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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1999

5. FEI Number

65-0978793

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
P	LAVALLE, DOUGLAS	LA SALIENA COURT	PUNTA GORDA FL 33350
VP	BISSONETTE, NAOMI	6000 CYPRESS GROVE CIRCLE	PUNTA GORDA FL 33980
S	BISSONETTE, RICHARD	6000 CYPRESS GROVE CIRCLE	PUNTA GORDA FL 33980

600004661736--5
-11/01/01--01005--010
***150.00 ***150.00

8. Name and Address of Current Registered Agent

BISSONETTE, RICHARD E JR.
6000 CYPRESS GROVE CIRCLE
PUNTA GORDA FL 33980

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

Richard E. Bissonette
REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-12-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

HISTORIC PUNTA GORDA INC.

321 Taylor Street
Punta Gorda
Florida 33950
941-575-6363

October 12 2001

Division of Corporations
Annual report/reinstatement section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Dear Sir/Madam

Pursuant to our conversation on or about October 11 2001 I am righting to you about reinstating my company. I did not receive any renewal form from your office and was not aware of the renewal date. Joan Green of accurate accounting was at that time in charge of all renewals and records over the past year Joan Green lost or destroyed all of my forms and letters with my knowledge. I was shocked when I was made aware of these outstanding renewals. Enclosed is a check as you requested for the renewal of \$150.00 I promise from this point on I will be handling all of these myself. I also own Bisous for you inc. and have not received the reinstatement forms I realize that this is outstanding could you please if you can reinstate this company as well and send me the forms and I will also send \$150.00 for this as well thank you again and again I am sorry for any trouble this my have caused . If there is any questions feel free to call me at 941-575-6363

Sincerely,



Richard Bissonette
Historic Punta Gorda inc.
941-575-6363