

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB -5 AM 9:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **517222**

1. Corporation Name

STENDIG FORT MYERS CORP

2. Principal Office Address

4151 PELICAN'S NEST DR. 4151 PELICAN'S NEST DR.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

Zip

34134

Country

USA

City & State

BONITA SPRINGS FL

Zip

34134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/90

5. FEI Number

630237099

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSEPH L. STENDIG

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

4151 PELICAN'S NEST DRIVE

Suite, Apt. #, Etc.

City

BONITA SPRINGS

State
FL

Zip Code

34134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Joseph L. Stendig

REGISTERED AGENT MUST SIGN

Date **1/31/01**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JOSEPH L. STENDIG	4151 PELICAN'S NEST DR.	BONITA SPRINGS FL 34134
SK/V	EILEEN M. STENDIG	4151 PELICAN'S NEST DR.	BONITA SPRINGS FL 34134
D	LEONARD M. STENDIG	417 OLEANDER DR	SCHAMBERG IL 60173

10. 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:

Joseph L. Stendig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01

Date

941947 1938

Daytime Phone #

KE

CR2E081 (9/00)