

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



99-011132
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

01 MAR 30 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S47451

1. Corporation Name

Stateside Properties Corporation

2. Principal Office Address

5801 Pelican Bay Blvd.

Suite, Apt. #, etc.

Suite 103

City & State

Naples, Florida

Zip

34108

Country

USA

3. Mailing Office Address

5801 Pelican Bay Blvd.

Suite, Apt. #, etc.

Suite 103

City & State

Naples, Florida

Zip

34108

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/22/1991

5. FEI Number

65-0262942

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

Michael J. Volpe, Esq.

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

1400 Gulf Shore Boulevard North

Suite, Apt. #, Etc.

Suite 218

City

Naples

State

FL

Zip Code

34102

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

Michael J. Volpe REGISTERED AGENT MUST SIGN

Date **3-23-01**

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
DPT	Stevens, John H.	50 Seagate Drive	Naples, Florida
VD	Berlet, Fred	10 Seagate Drive, 2 No.	Naples, Florida
SVD	Cerney, Steven	115 First Street, #115	Collingwood, ON, Canada
VD	Stevens, Robert	1091 Galleon Drive	Naples, Florida
S	Volpe, Michael J.	1400 Gulf Shore Blvd. No.	Naples, Florida 34102

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:

John H. Stevens

MARCH 26/2001 941-566-9615
Date Daytime Phone #

CR2E081 (9/00)

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

PAID
MARCH 14/97

DOCUMENT # S47451

(7)

THIS MIGHT

BE THE CONFUSION?



1. Corporation Name

STATESIDE PROPERTIES CORPORATION

Principal Place of Business

4001 TAMiami TRAIL NORTH
SUITE 330
NAPLES FL 33940

Mailing Address

4001 TAMiami TRAIL NORTH
SUITE 330
NAPLES FL 34103-3555
US

2. Principal Place of Business

5801 Pelican Bay Blvd.
Suite, Apt. #, etc.

103

City & State

Naples, FL

Zip

34108

Country

Collier

2a. Mailing Address

5801 Pelican Bay Blvd.

Suite, Apt. #, etc.

103

City & State

Naples, FL

Zip

34108

Country

Collier

3. Date Incorporated or Qualified

04/22/1991

3a. Date of Last Report

04/15/1996

4. FEI Number

65-0262942

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

VOLPE, MICHAEL J. E
4001 TAMiami TRAIL NORTH
SUITE 330
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME
STEVENS, JOHN H.
STREET ADDRESS
50 SEAGATE DR
CITY-ST-ZIP
NAPLES FL

☐ DELETE

2. TITLE

NAME
BERLET, FRED
STREET ADDRESS
PH 03 SEAGATE DR
CITY-ST-ZIP
NAPLES FL

☐ DELETE

3. TITLE

NAME
CERNEY, STEVEN
STREET ADDRESS
175 CUMBERLAND ST. APT 1408
CITY-ST-ZIP
TORONTO ON

☐ DELETE

4. TITLE

NAME
STEVENS, ROBERT
STREET ADDRESS
1901 GALLEON DR
CITY-ST-ZIP
NAPLES FL

☐ DELETE

5. TITLE

NAME
VOLPE, MICHAEL J.
STREET ADDRESS
4001 TAMiami TRAIL NORTH, STE 330
CITY-ST-ZIP
NAPLES FL

☐ DELETE

6. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John H. Stevens

CR2E034 (9/96)



MANAGEMENT CORP.

First Union Building
5801 Pelican Bay Blvd., Suite 103
Naples, Florida 34108

March 22, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

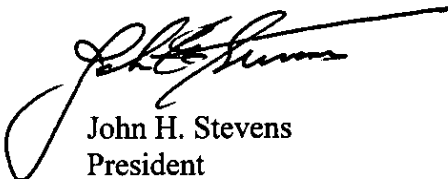
Dear Sirs:

I am requesting reinstatement of Stateside Properties Corporation. I am also asking for relief of any penalties that may apply as I did not receive the notice of renewal.

I can only assume that the notices were mailed to 4001 Tamiami Trail and not sent on to 5801 Pelican Bay Boulevard, #103.

Your consideration would be much appreciated and enclosed is a check for \$450.

Your sincerely,



John H. Stevens
President

JHS/js

Enc.