

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **96-97**
REINSTATEMENT



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

APPROVED
AND
FILED

97 MAR 10 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **s51072**

1. Corporation Name

Phoenix Port Charlotte, Inc.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable
2450 Tamiami Trail

3. New Mailing Office Address, If Applicable
2450 Tamiami Trail

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/91

#Suite, Apt. #, etc.

#Suite, Apt. #, etc.

City & State

City & State

Port Charlotte, FL

Port Charlotte, FL

Zip

Country

Zip

Country

33952

33952

5. FEI Number

65-0316128

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City State Zip
D/P/S	Richard Thomas	2450 Tamiami Trail, #E	Port Charlotte, FL 33952
V	Salomon Wainberg	2121 Ponce de Leon Blvd. Suite 1100	Coral Gables, FL 33134
			4000002110844--0
			-03/12/97--01027--011
			1830.00 *915.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

Alhambra Registered Agents, Inc.
Two Alhambra Plaza, Suite 1202
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

By:

Martin J. Genauer

Martin J. Genauer,
Vice President

Date

March 3, 1997

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes.

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:

Richard Thomas

Richard Thomas, President

(941) 743-3532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #