PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S99539

**1.** Corporation Name
SHIKANY'S BONITA FUNDERAL HOME

REINSTATEMENT 01-02

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 1000 Bonita Pkwy | 1000 Bonita Pkwy |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Bonita Springs, Fl | City & State: Bonita Springs, Fl |
| Zip: 33923 Country: USA | Zip: 33923 Country: USA |

**4.** Date Incorporated or Qualified To Do Business in Florida: 12/09/1991

**5.** FEI Number: 65-0302744 — 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: Shikany, Walter

Street Address (P.O. Box Number is Not Acceptable): 1000 Bonita Parkway

Suite, Apt. #, Etc.:

City: Bonita Springs State: FL Zip Code: 33923

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****900.00 ****900.00

**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: Walter Shikany Date: 5-7-02

REGISTERED AGENT MUST SIGN

**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 |
|---|---|---|---|
| D,P | ~~Shikany~~, Walter | 1000 Bonita Pkwy | Bonita Springs,Fl 33923 |
| | Shikany | | |
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**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.

Walter Shikany President 5/7/02

SIGNATURE: Walter Shikany 941-992-4982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (9/01)