

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **V15564**

1. Corporation Name

THE MOLE HOLE OF THE ISLANDS, INC.

Principal Place of Business

Mailing Address

1551 PERIWINKLE WAY
SANIBEL FL 33957

1551 PERIWINKLE WAY
SANIBEL FL 33957

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

2055 Periwinkle Way

Suite, Apt. #, etc.

2055 Periwinkle Way

City & State

Sanibel FL

City & State

Sanibel FL

Zip

33957

Country

USA

Zip

33957

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/20/1992

5. FEI Number

65-0285614

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
DPV	ROLLINGS, MARIA	1551 PERIWINKLE WAY 2055	SANIBEL FL
S	ROLLINGS, MARIA	1551 PERIWINKLE WAY 2055	SANIBEL FL
			700001998297--7 -11/07/96--01003--025 ***175.00 ***175.00
			700001998297--7 -11/07/96--01003--024 ***200.00 ***200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROLLINGS, MARIA
1551 PERIWINKLE WAY
SANIBEL FL 33957

2055 Periwinkle Way

Name

MARIA ROLLINGS

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

2055 Periwinkle Way

Suite, Apt. #, Etc.

#5

City

Sanibel

State

FL

Zip Code

33957

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

Maria Rollings
REGISTERED AGENT MUST SIGN

Date 9/20/96

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:

Maria Rollings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA ROLLINGS 9/20/96 941-484-3846
Date Daytime Phone #

FILED

96 OCT 31 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mwr
11-4-96



REINSTATEMENT 1996