

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 17 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V15564**

1. Corporation Name

THE MOLE HOLE OF THE ISLANDS, INC.

Principal Place of Business

Mailing Address

630 TARPON BAY RD.

630 TARPON BAY RD.

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SANIBEL FL 33957

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

1918 PERIWINKLE WAY

P.O. Box 1726

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SANIBEL FL

City & State
SANIBEL FL

Zip
33957

Country
USA

Zip
33957-1726

Country
USA

REINSTATEMENT

03



000025540530

12/16/03--01081--017 **750.00

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 ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPVS	ROLLINGS, MARIA	630 TARPON BAY RD. #4	SANIBEL FL 33957
S	ROLLINGS, MARIA	630 TARPON BAY RD. #4	SANIBEL FL 33957

8. Name and Address of Current Registered Agent

ROLLINGS, MARIA
630 TARPON BAY RD. #4
SANIBEL FL 33957

9. Name and Address of New Registered Agent

Name **RONALD L. Gresham**
Street Address (P.O. Box Number is Not Acceptable)
862 Cypress Lake Circle
Suite, Apt. #, Etc.

City
Fort Myers

State
FL

Zip Code
33919

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. or 617.0505, F.S.

Signature of
Registered Agent

Ronald L. Gresham

REGISTERED AGENT MUST SIGN

Date

12/10/03

11. 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:

S. Maria Rollins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/11/03

Daytime Phone #

CR2040 (7/03)