

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
Mar 21, 2003 8:00 A.M
 Secretary of State

DOCUMENT # **758691**

1. Corporation Name

SABAL PALM EXTENSION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3255 N TAMiami TRAIL
 NAPLES FL 33940
 US**

**3255 N TAMiami TRAIL
 NAPLES FL 33940
 US**



400014450934
 03/21/03--01054--001 **358.75

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

4. Date Incorporated or Qualified To Do Business in Florida

06/09/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2107545

Applied For

Not Applicable

City & State
NAPLES, FL

City & State
NAPLES FL

Zip

Country

Zip

Country

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	4 City / State / Zip
VPD	TOWNSEND, JOSEPH E	3255 N TAMiami TR	NAPLES FL 33940
PD	BAEZ, EMILIO	315 15TH ST SW	NAPLES FL 34117 34120
D	KEYES, PHILIP	3255 N TAMiami TR	NAPLES FL 33940
D	GALBUT, HOWARD	3255 N TAMiami TR	NAPLES FL 33940
VPD	Lupe Morera	3545 23rd AVE SW	NAPLES, FL 34117
Secretary	Walls, Jeffery G	45 Esther Street	NAPLES, FL 34120

REINSTATEMENT 3/18/03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~WALLS, JEFFERY G
 45 ESTHER STREET
 NAPLES FL 34104~~
**BAEZ, EMILIO
 315 15TH ST NW
 NAPLES, FL 34120**

Name **EMILIO BAEZ**
 Street Address (P.O. Box Number is Not Acceptable)
315 15TH ST NW
 Suite, Apt. #, Etc.
 City **NAPLES** State **FL** Zip Code **34120**

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 *Emilio Baez* Date **3/18/03**
 REGISTERED AGENT MUST SIGN

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: *Emilio Baez* Date **3/18/03**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)