

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR **85-97**  
REINSTATEMENT

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

APPROVED  
AND  
FILED

97 APR 25 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **7425179**

1. Corporation Name

The Little Mermaid Condominium Association, 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<br><b>181 S. Bay Drive</b><br>Suite, Apt. #, etc. |  | 3. New Mailing Office Address, If Applicable<br><b>181 S. Bay Drive</b><br>Suite, Apt. #, etc. |  | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>2/11/78</b>                                        |  |
| City & State<br><b>Naples, FL</b>                                                                |  | City & State<br><b>Naples, FL</b>                                                              |  | 5. FEI Number<br><b>65-0643118</b>                                                                                   |  |
| Zip<br><b>34108</b>                                                                              |  | Country<br><b>Collier</b>                                                                      |  | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/>                                   |  |
| Zip<br><b>34108</b>                                                                              |  | Country<br><b>Collier</b>                                                                      |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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        | 2                                 | 3                                                                                   | 4                                          |
|----------|-----------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip                         |
| P        | Joseph Bianchi D                  | 41 Aspen Avenue<br>181 South Bay Drive                                              | Auburndale, Mass 02166<br>Naples, FL 34108 |
| T/S      | Mary Bianchi D                    | 41 Aspen Avenue<br>181 South Bay Drive                                              | Auburndale, Mass 02166<br>Naples, FL 34108 |
| V        | James Ballard D                   | 469 Carica Road                                                                     | Naples, FL 33963                           |
|          |                                   |                                                                                     |                                            |
|          |                                   |                                                                                     |                                            |
|          |                                   |                                                                                     |                                            |

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04/29/97-01052-006  
\*\*\*971.25 \*\*\*971.25

REINSTATEMENT **85-97**

8. Name and Address of Current Registered Agent

Tage B. Bertellsen  
181 Commerce Street  
Naples, FL 33940

9. Name and Address of New Registered Agent

Name  
**Steven M. Falk, Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**850 Park Shore Drive**  
Suite, Apt. #, Etc.  
**Third Floor**  
City  
**Naples**  
State  
**FL**  
Zip Code  
**34103**

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

REGISTERED AGENT MUST SIGN

Date **4/9/97**

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: **Mary Bianchi**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mary BIANCHI - Secretary-Treasurer**

**4/17/97**

Date

**617-332-7659**

Daytime Phone #

CR2004 (1/95)