

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 10 PM 1:26

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758945

1. Corporation Name

GATEHAVEN TOWNHOUSES ASSOCIATION, INC.

REINSTATEMENT 1998-2007

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # 110 13 TH STREET SW

3. Mailing Office Address 110 13 TH STREET SW

Suite, Apt. #, etc.-

Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
NAPLES FL

Zip
34117

Country
USA

Zip
34117

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 06/29/1981

5. FEI Number
83-0492712

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
CLAUDIUS KNOWLES

Street Address (P.O. Box Number is Not Acceptable)
110 13 TH STREET SW

Suite, Apt. #, Etc.

City
NAPLES

State Zip Code
FL 34117

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 9/5/07

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
PD	CLAUDIUS KNOWLES	110 13TH STREET SW	NAPLES FL 34117
VD	LORNA KNOWLES	110 13TH STREET SW	NAPLES FL 34117
D	PAULETTE DEHAVILLAND	4595 19TH PLACE SW	NAPLES FL 34116

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09/10/07-01041-026 **796.25

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/07 239 289-7323
Date Daytime Phone #