

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 23 AM 10:51

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

REINSTATEMENT 90-06
CR2E081 (12/05)

DOCUMENT # 766794

1. Corporation Name
The Voyager of Marco Condominium Association, Inc.

2. Principal Office Address
708 Collier Court

3. Mailing Office Address
P. O. Box 1993

Suits, Apt. #, etc.
9.

City & State
Marco Island, FL

City & State
Marco Island, FL

Zip 34145 **Country** Collier **Zip** 34146 **Country** Collier

4. Date Incorporated or Qualified To Do Business in Florida Feb. 83

5. FEI Number 59-2638597 **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 Safe Harbor Regmt. / Jeffrey Will

Street Address (P.O. Box Number is Not Acceptable) ~~601 Stream Circle, B-16~~ 233 N. Collier Blvd.

Suite, Apt. #, Etc.

City Marco Island **State** FL **Zip Code** 34145

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 *Jeffrey Will* **Date** 2-2-06

REGISTERED AGENT MUST SIGN

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
P	John Babbitt	16 Old West Fall Dr.	Rochester, NY 14625
VP	Joseph Hammond	131 Foxfire Blvd.	Commercial Point, OH 43116
S/T	Jim Carroll	331 Miller Road	Argyle, NY 12809

000069440860
04/20/06 01053-014 **1216.25
REINSTATEMENT 90-06 03/29

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: *Jim Carroll* **Date** 2-2-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #