

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 15 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO00000003903**

1. Corporation Name

Greenlinks Master Association, Inc.

REINSTATEMENT **00-03**
600016059346
01/15/03--01015--014 **420.00

2. Principal Office Address

7990 Mahogany Run Lane
Suite, Apt. #, etc.

3. Mailing Office Address

7990 Mahogany Run Lane
Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34113

Country

U.S.A.

Zip

34113

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

June 2000

5. FEI Number

65-1091743

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

Richard A. Mildner

Street Address (P.O. Box Number is Not Acceptable)

205 Manns Harbor Dr.

Suite, Apt. #, Etc.

City

Apollo Beach

State

FL

Zip Code

33572

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

RLATB

Date

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	Kathy Shelling	3505 Frontage Road Suite 145	Tampa, FL 33607
V	Lisa Wrenn	3505 Frontage Road Suite 145	Tampa, FL 33607
STP	Joe Baff	8401 Indian Wells Way	Naples, FL 34113
D	Richard A. Mildner	205 Manns Harbor Drive	Apollo Beach, FL 33572
D	Jack Stanley	4040 Old Trail Way	Naples, FL 34103

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 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:

RLATB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 645-1000
Daytime Phone #

CR2E081 (10/02)

js 4/15