## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State				APPROVEC AND FILED		
BIVISION OF CORPORATIONS				OINOV-9 AMILLI		
DOCUMENT # N0000007111  1. Corporation Name				SECRETARY OF STATE		
STERLING ISLES COMMONS ASSOCIATION, INC.					TALLA	HASSEE. FUORIDA
Principal Place of Business Mailing Address				1 100 111 TH	<b>40</b> 112 <b>4 6</b> 121 <b>4 6</b> 111 <b>1 6</b> 111 <b>6 6</b> 121 <b>4 6</b> 11	:   ###31   ####   85### 11### 11## 2###
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.				lat. Bree		PRA B. TATA
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If A 15/4 Glen Eagle Blvd. East 15/14 Glen Eagle B				Date Incorp     To Do Busi	orated or Qualified ness in Florida	10/04/0000
Suite, Apt. #, etc.  Suite, Apt. #, etc.				10/24/2000  5. FEI Number Applied For		
City & State City & State				593738258 Not Applicable		
Zip Country	Vaple	Country		6.	E OF STATUS DESIRED	\$8.75 Additional Fee required
34104 USA	3410 ·	4 25		<u> </u>		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) UUU 4 (1 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4 1 5 2 - 4						
Title(s) 2 and/or Directors 3 Officer and/or Direct				•	4 ****1 /5 / 15	M7/State: #### 175.00
D / P DLARK, SCOTT 1403 GLEN EAGLE BLVD  KRISTEN MARSEIIA					NAPLES FL 34104	
D T DIFIORE, CORA 1403 GLEN EAGLE BLVD				NAPLES FL 34104		
0/11P/ DIAZ, MARIA STEVEN WILLIAM	1403 GLEN EAGLE BLVD			NAPLES FL 34104		
					08/07/0	19004009
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Name and Address of Current Registered Agent     Name				9. Name and Address of New Registered Agent		
SWALM & ROLLDGEALL DA				P.O. Box Number is Not Acceptable)		
2375 TAMIAMI TRAIL N STE 308			Street Address (P.O. Box Number is Not Acceptable)			
NAPLES FL 33940			Suite, Apt. #, Etc.	Suite, Apt. #, Etc.		
			City			State   Zip Code
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 The Scale To Signature of 11/b/or						
Registered Agent 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 turther certify that when filling 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.						
Vot Manna						
SIGNATURE: 1/- 1- 0/ 94/5480/00 signature and typed or printed name of signing officer or director Date Daytime Phone #						