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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N01000000713**

1. Corporation Name  
Kings Point Commercial Center Property Owners Association, Inc.

2. Principal Office Address 9130 Corsea Del Fontana Way		3. Mailing Office Address 9130 Corsea Del Fontana Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34109	Country USA	Zip 34109	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1/31/01

5. FEI Number N/A	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED  \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent  **Brian Courtney**  
Asst. V. Pres.  
REGISTERED AGENT MUST SIGN


Date 6/15/04

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
D	Andrew D'Jamoos	9130 Corsea Del Fontana Way	Naples, FL 34109
D	Jennifer D'Jamoos	9130 Corsea Del Fontana Way	Naples, FL 34109
D	Joseph D'Jamoos	9130 Corsea Del Fontana Way	Naples, FL 34109

REINSTATEMENT 02-04

10. I certify that I am an officer or director of 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(8)(f), 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:  **Andrew D'Jamoos**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6/4/04 239-596-2733  
Date Daytime Phone #

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