

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 10 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000006546**

1. Corporation Name

Mustang Island Roadway Association, Inc.

600009515946
12/16/02--01010--017 **236.25

2. Principal Office Address

8946 Mustang Island Cr

Suite, Apt. #, etc.

Ø

City & State

Naples, FL

Zip

34113

Country

U.S.A

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

02

4. Date Incorporated or Qualified
To Do Business in Florida

9-14-01

5. FEI Number

51-0421480

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

Brad Black

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

8946 Mustang Island Cr

Suite, Apt. #, Etc.

N/A

City

Naples

State
FL

Zip Code

34113

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/21/02

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
TD	Brian Stock	451 Bayfront Pl. # 5316	Naples, FL 34102
DVP	Kenneth Stock	307 Neapolitan way	Naples, FL 34103
TD	Brad Black	17543 Taylor Dr Ft Myers FL 33908	

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/02 239 4178705

Date

Daytime Phone #

CR2E081 (9/01)