

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -7 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000006173

1. Corporation Name Country Club Condominium of Naples
Condominium Association, Inc.

REINSTATEMENT 03

900026325209
01/07/04--01022--002 **236.25

2. Principal Office Address 1044 Castello Drive
3. Mailing Office Address 1044 Castello Drive

Suite, Apt. #, etc. # 206
Suite, Apt. #, etc. # 206

City & State Naples, Florida
City & State Naples, Florida

Zip 34103 Country USA
Zip 34103 Country USA

4. Date Incorporated or Qualified To Do Business in Florida August 14, 2002

5. FEI Number 90-0094252
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 Stephen E. Williams
Street Address (P.O. Box Number is Not Acceptable)
1044 Castello Drive
Suite, Apt. #, Etc. #206
City Naples

State FL Zip Code 34103

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 *Stephen E. Williams*
REGISTERED AGENT MUST SIGN

Date 12/31/03

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/D	Anthony Liuzzo	1535 Archer Road	Gainesville, Florida 32608

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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Anthony Liuzzo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 19 2003 - 376-9983
Date Daytime Phone #

CR2E081 (10/02)