

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

04 OCT 20 AM 9:23

DOCUMENT # N03000003300

1. Corporation Name
NORTH PORT COUNTRY CLUB ESTATES AND
SUMTER GREEN NEIGHBORHOOD
ASSOCIATION, INC.

REINSTATEMENT 04

2. Principal Office Address
5001 KINGSLEY RD

3. Mailing Office Address
P.O. Box 7802

500042031185
10/20/04--01085--005 **236.25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida APRIL 14, 2003

City & State
NORTH PORT

City & State
NORTH PORT

5. FEI Number
EIN 59-3771719

Applied For
Not Applicable

Zip 34287 Country SARASOTA

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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
HERB MOEHLING

Street Address (P.O. Box Number is Not Acceptable)
5001 KINGSLEY RD.

Suite, Apt. #, Etc.

City
NORTH PORT

State FL Zip Code 34287

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 *Herb Moehling*
REGISTERED AGENT MUST SIGN

Date 10/15/2004

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	JAMES GLASS	5041 RICHMOND TERR	NORTH PORT, FL. 34287
VP	RONALD MEONI	5028 GREENWAY DR.	NORTH PORT, FL. 34287
S	CHARLINE CRISTOFORI	5006 GREENWAY DR.	NORTH PORT, FL. 34287
D	HERB. MOEHLING	5001 KINGSLEY RD.	NORTH PORT, FL. 34287
D	PAULINE HIGHAM	5010 GREENWAY DR.	NORTH PORT, FL. 34287
D	CARL LAMPARTER	5031 GREENWAY DR.	NORTH PORT, FL. 34287

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)(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: *Robert N. Montgomery*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

Date 10/15/2004 941/426-4532
Daytime Phone #

CR2E081 (01/04)

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ATTACHMENT TO:
CORPORATE REINSTATEMENT/NON PROFIT-CORPORATION.
DOCUMENT # N03000003300

ADDITIONAL OFFICER:
T- ROBERT N. MONTGOMERY, P.O. BOX 7802 , NORTH PORT, FL. 34287.