

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 DEC 15 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000007178

**1. Corporation Name**

Pyramid Park Condominium Association, Inc.

**2. Principal Office Address**

3550 Work Drive

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

Zip

33916

Country

USA

**3. Mailing Office Address**

3550 Work Drive

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

Zip

33916

Country

USA

CR2E081 (8/05)

**4. Date Incorporated or Qualified**

To Do Business in Florida July 21, 2004

**5. FEI Number**

20-1404967

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

J. Thomas Conroy, III

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

2210 Vanderbilt Beach Road

Suite, Apt. #, Etc.

Suite 1201

City

Naples

State

FL

Zip Code

34109

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12/15/06 01043 006 \*\*306 25

**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

REGISTERED AGENT MUST SIGN

Date

12/11/06

**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	Paul A. Mulready	3550 Work Drive	Ft. Myers, FL 33916
VP	Robert E. Mulready	3550 Work Drive	Ft. Myers, FL 33916
TS	Rendong Zhang	3550 Work Drive	Ft. Myers, FL 33916

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert E. Mulready*

Date

12/11/06

Daytime Phone #

(239) 212-4123