

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 OCT 21 AM 10:28

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N12156

1. Corporation Name  
**SANIBEL PROMENADE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 695 TARPON BAY RD. SUITE 9 SANIBEL FL 33957 US	Mailing Address SANIBEL PROMENADE CONDO ASSOC. SUITE 9 SANIBEL FL 33957 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>11/18/1985</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>695 Tarpon Bay # 9</b>		5. FEI Number <b>65-0058213</b>	
City & State		City & State <b>Sanibel Fla.</b>		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
		<b>33957</b>	<b>USA</b>		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
TD	MELVIN, JEANNE	695 TARPON BAY RD., SUITE 9	SANIBEL FL
<del>VPD</del> PD	CHEGUT, CHARLES	695 TARPON BAY RD., SUITE 11	SANIBEL FL
<del>VPD</del> VPD	GAGNON, CAROL <b>GAGNON, JACK</b>	695 TARPON BAY RD. SUITE <b>15</b>	SANIBEL FL
			600003031266--8 -11/01/99--01123--004 *****61.25 *****61.25
			LS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MELVIN, JEANNE SANIBEL PROMENADE CONDO ASSOC 695 TARPON BAY RD., SUITE 9 SANIBEL FL 33957		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
 Signature of Registered Agent: Jeanne Melvin Date: Oct. 19, 1999  
 REGISTERED AGENT MUST SIGN

11. 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: Jeanne Melvin Date: Oct. 19, 1999 (941) 482-2591  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Jeanne Melvin  
 # 6/25  
 Daytime Phone #

CP25040 (3/99)

(2)

SANIBEL PROMENADE CONDO ASSN.

695 TARPON BAY ROAD SUITE 9  
SANIBEL, FL. 33957  
Phone 941-472-2591

INVOICE  
Manintenance Fees for Quarter beginning

Oct 19, 1999

To whom it may concern.

I called on this matter for there was no address written on outside of mail for it to be delivered to us. Some how we finally got this one. The lady I talked to said mail it in with <sup>a</sup> bl. 25 & she would take care of it but send a letter.

Thank you  
Deanne Miles