

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 30 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N17912*

1. Corporation Name

Arlington Park Condominium Association, Inc.

c/o CFS 14871 Hole-in-one Circle
P.O. Box 368394

2. Principal Office Address

c/o CFS 14871 Hole-in-one Circle

3. Mailing Office Address

P.O. Box 368394

Suite, Apt. #, etc.

308

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

City & State

Bonita Springs, Florida

Zip

33919

Country

USA

Zip

34136-8394

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida **November 21, 1986**

5. FEI Number

650075329

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

500040646925
08/30/04--01087--003 **297.50
REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Becker & Poliakoff, P.A. Attn: Jason Hamilton Mikes, Esquire

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

14241 Metropolis Avenue

Suite, Apt. #, Etc.

Suite 100

City

Fort Myers

State

FL

Zip Code

33912

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

Jason Hamilton Mikes
REGISTERED AGENT MUST SIGN

Date **AUGUST 20, 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/D	Bob Stein	25885 Pebblecreek Drive	Bonita Springs, Florida 34135
D	Fred Richter	4307-A Island Circle	Fort Myers, Florida 33919
D	Dick Lunn	10117 Sandy Hollow Lane	Bonita Springs, Florida 34135

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:

Robert Stein
ROBERT STEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-26-04

Daytime Phone #

239 498-9647

CR2E081 (07/04)