


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**FILED**  
**Oct 04, 2006 8:00 A.M.**  
**Secretary of State**

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N30425

1. Corporation Name The Moorings of Cape Coral Condominium Assoc., Inc.  
C/o L.A. PROPERTY MANAGEMENT, INC.  
P.O. Box 212  
ESTERO, FL 33928-0212

2. Principal Office Address P.O. Box 212  
 Suite, Apt. #, etc. 18557 IRIS RD.  
 City & State FT. MYERS  
ESTERO, FL  
 Zip 33928 Country

3. Mailing Office Address P.O. Box 212  
 Suite, Apt. #, etc.  
 City & State ESTERO, FL  
 Zip 33928 Country

**REINSTATEMENT** 03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 1/31/89

5. FEI Number 65-0200736  
 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 LORIAN NEWBERRY, CAM, CFPM

Street Address (P.O. Box Number is Not Acceptable) 18557 IRIS RD.

Suite, Apt. #, Etc.

City FT. MYERS State FL Zip Code 33967

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 Lorian Newberry, CAM, CFPM Date 8/28/06  
 REGISTERED AGENT MUST SIGN

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
PD	ALFRED BEIER	P.O. Box 212	ESTERO, FL 33928
VPD	HARRY WHEELER	P.O. Box 212	ESTERO, FL 33928
SD	CURLY ELLIS	P.O. Box 212	ESTERO, FL 33928
TD	DONALD MCLAUGHLIN	P.O. Box 212	ESTERO, FL 33928
D	BOB ASHWORTH	P.O. Box 212	ESTERO, FL 33928

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 contained in Chapter 119, 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: Alfred Beier Date 8/28/06 239-489-4863  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #