

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV 19 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N32585

1. Corporation Name  
FISHERMAN'S COVE of COLLIER CONDOMINIUM  
ASSOCIATION, INC.

Principal Place of Business Mailing Address  
777 S. COPELAND AVENUE P.O. Box A-5  
EVERGLADES CITY, FL EVERGLADES CITY, FL  
34139 34139

100002009111--1

REINSTATEMENT

9/6 10

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable (See #1)  
3. New Mailing Address, If Applicable (See #1)  
Suite, Apt. #, etc. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 5/26/89  
5. FEI Number 65-0158798  
6. CERTIFICATE OF STATUS DESIRED [X]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D, P	CAROL A. BECK	777 S. COPELAND AVE. #43	EVERGLADES CITY, FL 34139
D, VP	DARWIN HALL	777 S. COPELAND AVE. #41	EVERGLADES CITY, FL 34139
D, ST	LOTTIE WEST	777 S. COPELAND AVE #14	EVERGLADES CITY, FL 34139

8. Name and Address of Current Registered Agent  
CHERYL R. KRAUS  
1100 FIFTH AVENUE SOUTH SUITE 201  
NAPLES FL 34102

9. Name and Address of New Registered Agent  
Name (See #8)  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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 [Signature] REGISTERED AGENT MUST SIGN  
Date NOVEMBER 18, 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]  
(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] NOVEMBER 18, 1996 695-3695  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1201 HAYS STREET  
TALLAHASSEE, FL 32301-2607  
904-222-9171  
904-222-0393 FAX

800-342-8086



ACCOUNT NO. : 072100000032  
REFERENCE : 159913 84107A  
AUTHORIZATION : *Patricia Pizito*  
COST LIMIT : \$ 245.00

ORDER DATE : November 19, 1996

ORDER TIME : 1:11 PM

ORDER NO. : 159913-010

CUSTOMER NO: 84107A

CUSTOMER: Ms. Inja Depauw  
Cheryl R. Kraus, Esq  
Suite 201, First Union Bldg.  
1100 Fifth Avenue, South  
Naples, FL 33940

DOMESTIC FILINGS

NAME: FISHERMAN'S COVE OF COLLIER  
CONDOMINIUM ASSOCIATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: W. Charles Earnest  
EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
96 NOV 19 PM 2:41  
DIVISION OF CORPORATION