

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 11 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 32585**

1. Corporation Name

**FISHERMAN'S COVE OF COLLIER
CONDOMINIUM ASSOCIATION, INC.**

HR

REINSTATEMENT 02-04

2. Principal Office Address

777 S. CORNELIUS AVE
Suite, Apt. #, etc.

3. Mailing Office Address

1008 GOODLETTE RD. N.
Suite, Apt. #, etc.

City & State

EVERGLADES CITY, FL

City & State

NAPLES, FL

Zip

34139

Country

COLLIER

Zip

34102

Country

COLLIER

4. Date Incorporated or Qualified
To Do Business in Florida

5/26/1989

5. FEI Number

650158798

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

FOSTH ACCOUNTING, P.A.

100037720181

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

1008 GOODLETTE ROAD NORTH

06/07/04--01029--009 **358.75

Suite, Apt. #, Etc.

SUITE 201

City

NAPLES

State

FL

Zip Code

34102

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6-2-04

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.	CHARLES Rhodig	3537 LORI LANE N.	LAKELAND, FL 33801
VPD	BARBARA PELZ	1110 S. TREADWELL ST.	DESOTA, WI 54624
SD	JOSEPH BULLINGER	P.O. BOX 510 1008 GOODLETTE RD N.	EVERGLADES CITY, FL 34139
D	CATHERINE FOSTH	SUITE 201 NAPLES, FL	34102

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-04

Date

239-435-7336

Daytime Phone #

CFR2081 (01/04)