

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR
 REINSTATEMENT

FILED

97 MAY 23 PM 4:11

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # N34296 (6)

1. Corporation Name
Kelly Greens Verandas Condominium VII Association, Inc.

Principal Place of Business Mailing Address
c/o Benson's, Inc.
12650 Whitehall Dr.
Fort Myers, FL 33907-3619

REINSTATEMENT 96-99
 as

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 9/18/89	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0149369	
City & State		City & State		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	

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
P/D	Robert R. Bartol	16350 Kelly Cove Dr #298	Ft. Myers, FL 33908
V/D	James B. Sullivan	16410 Kelly Cove Dr #320	Ft. Myers, FL 33908
S/T/D	Tom Smith	16380 Kelly Cove Dr #300	Ft. Myers, FL 33908
D	George L. Boren	16350 Kelly cove Dr #285	Ft. Myers, FL 33908
D	Ernest A. Harms	16350 Kelly Cove Dr #293	Ft. Myers, FL 33908

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Mark R. Benson	
		Street Address (P.O. Box Number is Not Acceptable) 12650 Whitehall Dr.	
		Suite, Apt. #, Etc.	
		City Fort Myers	State FL
		Zip Code 33907-3619	

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]* Date: **5/16/97**
 REGISTERED AGENT MUST SIGN

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

12. 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]* Date: **5/16/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ROBERT R. BARTOL - PRESIDENT** Daytime Phone #

CREEMO (1/2/96)