

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL -6 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800056252418
06/16/05--01019--007 **542.50

DOCUMENT #

N42687

1. Corporation Name

OAK LAKE SANCTUARY AT PELICAN BAY CONDOMINIUM
ASSOCIATION INC.

2. Principal Office Address

C/O NEWELL PROPERTYMGMT

3. Mailing Office Address

C/O NEWELL PROPERTY MGMT

Suite, Apt. #, etc.

5435 JAEGER ROAD #4

Suite, Apt. #, etc.

5435 JAEGER ROAD #4

City & State

NAPLES FLORIDA

City & State

NAPLES FLORIDA

Zip

34109

Country

USA

Zip

34109

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

MARCH 26, 1991

5. FEI Number

65-0172298

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

WILLIAM A NEWELL

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

5435 JAEGER ROAD

Suite, Apt. #, Etc.

#4

City

NAPLES

State

FL

Zip Code

34109

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

REGISTERED AGENT MUST SIGN

Date

6/8/05

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	PHILIP NOLAN	922 TURTLE COURT	NAPLES FL 34108
VSD	MARGO JURGENSEN	918 TURTLE COURT	NAPLES FL 34108
D	H BACON COLLAMORE	899 TURTLE COURT	NAPLES FL 34108

6/8/05

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.

6/30/05

SIGNATURE: PHILIP NOLAN WILLIAM A NEWELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/05

Date

Daytime Phone #

239-514-1199

CR2E081 (01/05)