

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

97 MAR 11 PM 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45220

1. Corporation Name

MYSTIC GREENS I CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

8485 Mystic Greens Way
Naples, FL 33961

P.O. Box 2990
Ft. Myers Beach, FL
33932

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 95-97

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For

65-0308593

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Dir	Smalley, Elaine	1190 Estero Blvd	Ft. Myers Beach, FL
Dir	Kempel, Russell	8560 Mystic Greens Way	Naples, FL 33961
Dir	Ryan, Joe	8825 E. Tamiami Trail	Naples, FL 34113
			300002112543--7 -03/13/97--01063--003 ***358.75 ***358.75
			<i>[Signature]</i> 2/20/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Elaine Smalley
1190 Estero Blvd.
Ft. Myers Beach, FL 33931

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Elaine Smalley

REGISTERED AGENT MUST SIGN

Date 2/20/97

11. Does 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:

Elaine Smalley, Dir.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELAINE SMALEY

2/20/97
Date

941-745-1649
Daytime Phone #

CR2E040 (12/96)