

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR 29 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

N 45220

1. Corporation Name

Mystic Greens I Condominium Association, Inc.

500018576275  
05/08/03--01078--018 \*\*297.00

2. Principal Office Address

P.O. Box 8478

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 8478

Suite, Apt. #, etc.

**REINSTATEMENT** 02-03

City & State

Naples FL

Zip Country

34101-8478 USA

City & State

Naples FL

Zip Country

34101-8478 USA

4. Date Incorporated or Qualified To Do Business in Florida

09/19/1991

5. FEI Number

650308593

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

Sandcastle Community Management, Inc.

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

400 Fifth Avenue South

Suite, Apt. #, Etc.

Suite 200

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

*Ancy Skibler*

REGISTERED AGENT MUST SIGN

Date

4/18/03

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	Bruce A. Barry	8520 Mystic Greens Way #406	Naples FL 34113
STD	Thomas Cleary	8515 Mystic Greens Way #103	Naples FL 34113
D	Rhoda-Ann Northrup	8560 Mystic Greens Way #201	Naples FL 34113

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)(l), 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:

*Bruce A. Barry* - PRES - BRUCE A. BARRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03

Date

(239)530-1860

Daytime Phone #

CR2E081 (10/02)

9/20