

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 NOV 30 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N940000004128**

1. Corporation Name
**Yacht Harbour Cove at Windstar
Condominium Association Inc.**

2. Principal Office Address
c/o Newell Property Mgmt
Suite, Apt. #, etc.
4148A Corporate Square
City & State
Naples Florida
Zip
34104 Country
USA

3. Mailing Office Address
c/o Newell Property Mgmt
Suite, Apt. #, etc.
4148A Corporate Square
City & State
Naples Florida
Zip
34104 Country
USA

REINSTATEMENT 2000

4. Date Incorporated or Qualified
To Do Business in Florida **August 18 1994**

5. FEI Number
65 0610153 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)
4148A Corporate Square
Suite, Apt. #, Etc.
City
Naples

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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

Date **10/16/00**

REGISTERED AGENT MUST SIGN

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 | Erik Fiskars | 1701 Gulfstar Drive S #103 | Naples Florida 34112 |
| VD | John Horton | 1717 Gulfstar Drive S #202 | Naples Florida 34112 |
| TD | George Pardo | 1733 Gulfstar Drive S #302 | Naples Florida 34112 |
| SD | Stan Thompson | 1701 Gulfstar Drive S #102 | Naples Florida 34112 |
| D | Jim Penza | 1749 Gulfstar Drive S #102 | Naples Florida 34112 |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/00 **616-428-7400**
Date Daytime Phone #

CR2E081 (9/99)