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 NOV -3 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004704

1. Corporation Name

WHITE LAKE COMMONS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2666 AIRPORT ROAD SOUTH NAPLES FL ~~33962~~	2666 AIRPORT ROAD SOUTH NAPLES FL ~~33962~~

REINSTATEMENT 97

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 34112	Country	Zip 34112	Country

4. Date Incorporated or Qualified To Do Business In Florida: 09/21/1994

5. FEI Number: 65-0595701 ☐ Applied For ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	HIGGS, WILLIAM T	2666 AIRPORT ROAD SOUTH	NAPLES FL 33962
~~DT~~	~~SCHOENBERGER, ARTHUR~~	~~2666 AIRPORT RD S~~	~~NAPLES FL~~
DVS	HIGGS, ANTONIA	2666 AIRPORT RD S	NAPLES FL
DT	Loiacano, Matthew J.	2666 Airport Road S.	Naples, FL

900002338387--1
-11/05/97--01032-022
****236.25 ****236.25

8. Name and Address of Current Registered Agent

HIGGS, WILLIAM T
2666 AIRPORT ROAD SOUTH
NAPLES FL ~~33962~~

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code 34112

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 _____ Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: _____ 941/775-2230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/97)