

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

98 NOV 30 PM 1:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N95000005232

1. Corporation Name

THE MANORS OF REGAL LAKE CONDOMINIUM ASSOCIATION,
 1994, INC.

Principal Place of Business

Mailing Address

801 Laurel Oak Drive
 Suite 640
 Naples, FL 33963

801 Laurel Oak Drive
 Suite 640
 Naples, FL 33963

800002702578--4
 -12/03/98--01110--013
 *****236.25 *****236.25

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

4. Date Incorporated or Qualified To Do Business In Florida

5300 N. Powerline Road

5300 N. Powerline Road

11/01/95

Suite, Apt. #, etc.
 Suite 207

Suite, Apt. #, etc.
 Suite 207

5. FEI Number

Applied For

City & State

City & State

65-0623483

Not Applicable

Fort Lauderdale, FL

Fort Lauderdale, FL

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip
 33309

Country

Zip
 33309

Country

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
P/D	E. J. Plesko	6515 Grand Teton Plaza #210	Madison, WI 53719
V/D	Anita Falco	5300 N. Powerline Road #207	Ft. Lauderdale, FL 33309
T/D	Gerard Mello	6515 Grand Teton Plaza #210	Madison, WI 53719
REINSTATEMENT			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Mark J. Woodward (RESIGNED 10/9/98)
 801 Laurel Oak Drive, Suite 640
 Naples, FL 33963

Name

Howard C. Stross

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

33920 U. S. 19 North

Suite, Apt. #, Etc.

Suite 351

City

Palm Harbor

State

FL

Zip Code

34684

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/02/98

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:

Anita Falco
 ANITA FALCO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/2/98

954-492-0018

Daytime Phone #

CR2ED40 (1/98)