

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 MAY -6 AM 9:48

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N45000006031**

1. Corporation Name
Fountainhead at the Vineyards Homeowners' Association, Inc.

Principal Place of Business: **98 Vineyards Blvd. Naples, FL 34119**
 Mailing Address: **98 Vineyards Blvd. Naples, FL 34119**

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: **December 18, 1995**
 5. FEI Number: **65-0641124**
 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	Michel Saadeh	98 Vineyards Blvd.	Naples, FL 34119
DVTS	Robert Rogers	98 Vineyards Blvd.	Naples, FL 34119
D	Sandra Walsh	98 Vineyards Blvd.	Naples, FL 34119

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REINSTATEMENT

8. Name and Address of Current Registered Agent
Robert Rogers
98 Vineyards Blvd.
Naples, FL 34119

9. Name and Address of New Registered Agent
 Name: **Robert Rogers**
 Street Address (P.O. Box Number is Not Acceptable): **98 Vineyards Blvd.**
 Suite, Apt. #, Etc.
 City: **Naples** State: **FL** Zip Code: **34119**

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: *RR* REGISTERED AGENT MUST SIGN Date: **4/20/98**

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: *RR* **Robert Rogers** Date: **4/20/98** Daytime Phone #: **(941) 353-1973**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (1/98)