


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **N96000002572**

1. Corporation Name
STELLA MARIS MASTER ASSOCIATION, INC.

FILED
 01 NOV -8 PM 12:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

4500 EXECUTIVE DR.
 SUITE 300
 NAPLES FL 34119
 US

GULF COAST MGMT SVCS.
 10060 AMBERWOOD RD #3
 FT MYERS FL 33913
 US



REINSTATEMENT 2001

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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 **05/14/1996**

5. FEI Number **65-0650355** 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	City / State / Zip
PD	BURGESON, RICHARD	4500 EXECUTIVE DR., STE. 300	NAPLES FL 33999
D	KARIN COLSON	4500 EXECUTIVE DR., STE. 300	NAPLES FL 34119
VSTD	HARDY, ROBERT S	6289 BURNHAM RD.	NAPLES FL 33999

8. Name and Address of Current Registered Agent

CRUZ, BRYAN
 % GULF COAST MGMT SVCS
 10060 AMBERWOOD RD #3
 FT MYERS FL 33913

9. Name and Address of New Registered Agent

Name **Karin Colson**
 Street Address (P.O. Box Number is Not Acceptable) **4500 Executive Dr.**
 Suite, Apt. #, Etc. **300**
 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 *[Signature]* **SIGNATURE REQUIRED** Date **10/28/01**
 REGISTERED AGENT MUST SIGN

11. 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]* **SIGNATURE REQUIRED** **Karin Colson** Date **10/29/01** (941) **5879004** Daytime Phone # **5607**

CR2000 (8/01)