

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT -3 PM 12:36

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000145

1. Corporation Name

Cozumel Condominium Association, Inc.

2. Principal Office Address

960 Cape Marco Drive

Suite, Apt. #, etc.

3. Mailing Office Address

960 Cape Marco Drive

Suite, Apt. #, etc.

City & State

Marco Island, FL

City & State

Marco Island, FL

Zip

34145

Country

USA

Zip

34145

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-12-98

5. FEI Number

59-3487508

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required
for a Certificate of Status.

REINSTATEMENT 01

7. Name and Address of Current Registered Agent

Name

Naples Lawdock, Inc.

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

4501 Tamiami Trail North #300

Suite, Apt. #, Etc.

#300

City

Naples, FL

State

FL

Zip Code

34103

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

David L. Vite - V.P.
REGISTERED AGENT MUST SIGN

Date 10-1-01

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
P	Norman Risen	960 Cape Marco Drive	Marco Island, FL 34145
V	Anthony Garguilo	960 Cape Marco Drive	Marco Island, FL 34145
S/AT	Mike Wick	960 Cape Marco Drive	Marco Island, FL 34145
T	Sylvia Arroyo	960 Cape Marco Drive	Marco Island, FL 34145
D	Jim Wayland	960 Cape Marco Drive	Marco Island, FL 34145
D	Bob Gottsegen	960 Cape Marco Drive	Marco Island, FL 34145

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 disqualification 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)(f), 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:

David L. Vite
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/01
Date

941-389-4414
Daytime Phone #

ADDITIONAL OFFICER:

D George Grudich 960 Cape Marco Drive, Marco Island, FL 34145

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : QUARLES & BRADY LLP
Account Number : I20000000067
Phone : (941)262-5959
Fax Number : (941)434-4999

CORPORATION REINSTATEMENT

COZUMEL CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$245.00