

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC 18 PM 4:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N980000001414**

1. Corporation Name
**Yacht Harbour Cove at Windstar II
Condominium Association Inc.**

2. Principal Office Address		3. Mailing Office Address	
clo Newell Property Mgmt		clo Newell Property Mgmt	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
4148A Corporate Square		4148A Corporate Square	
City & State		City & State	
Naples Florida		Naples Florida	
Zip	Country	Zip	Country
34104	USA	34104	USA

REINSTATEMENT

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4. Date Incorporated or Qualified To Do Business in Florida	March 9 1998
5. FEI Number	Applied For
APPLIED FOR	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name	William A Newell		
Street Address (P.O. Box Number is Not Acceptable)	4148A Corporate Square		
Suite, Apt. #, Etc.			
City	State	Zip Code	
Naples	FL	34104	

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: *[Signature]* Date: **10/16/00**

REGISTERED AGENT MUST SIGN

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
TD	Tom Watts	5065 Yacht Harbour Cir #704	Naples Florida 34112
STD	Reed Murphy	5065 Yacht Harbour Cir #701	Naples Florida 34112
D	Kirt Fiegel	5075 Yacht Harbour Cir #601	Naples Florida 34112

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 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]* Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)