

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1996 DEC 23 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000005152** *175*

1. Corporation Name

**SIR MICHAEL'S PLACE HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business

Mailing Address

28000 WESTBROOK DRIVE  
BONITA SPRINGS FL 33923

28000 WESTBROOK DRIVE  
BONITA SPRINGS FL 33923



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 <b>11/01/1995</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> Additional Fee required for Certificate of Status	
Zip	Country	Zip	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
PSTD	GRAY, DONALD E	28000 WESTBROOK DRIVE	BONITA SPRINGS FL 33923
CD	MALAGIERO, MICHAEL	28000 WESTBROOK DRIVE	BONITA SPRINGS FL 33923
D	Puopolo, David	27657 Old US 1	Bonita Springs, FL 33923
			300002038933--1 -12/27/96--01038--001 *****61.25 *****61.25

**REINSTATEMENT**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GRAY, DONALD E 28000 WESTBROOK DRIVE BONITA SPRINGS FL 33923		Name Street Address (P.O. Box Number, if any, and Apt. #) Suite, Apt. #, Etc. City	
		300002038933--1 -12/27/96--01038--002 ***:175.00 ***:175.00 State <b>FL</b> Zip Code	

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: *Donald E. Gray* REGISTERED AGENT MUST SIGN Date: *10/9/96*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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: *Donald E. Gray* REGISTERED Pres Date: *10-8-96* Daytime Phone #: *941-9702*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR