

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1996 DEC 23 AM 11: 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005152 1175

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

11/01/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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 is Not Acceptable)

Suite, Apt. #, Etc.

City

State

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)(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:

Donald E. Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-96

941-7702

495-3800