	PLEAS	E READ AL	L INST	RUCTIO	NS BEFORE	<u>E C</u> (OMPLETI	NG THIS FOR	MKOVEL	
APPLICATION FLORIDA				A DEPARTMENT OF STATE						
· · · FOR			Sandra B. Mortham - Secretary of State			FILED				
REINS	STATEMENT		DI	VISION OF CO				98 NOV	18 AMII:49	
DOCUMENT # N9700002788 1. Corporation Name							SECRETARY OF STATE FALLAHASSEE, FLORIDA			
GRANDE RESERVE AT PELICAN STRAND CONODMINIUM AS SOCIATION, INC.							41		35234	7
Principal Place of Business Mailing Addre				ess				****175.	00 ****175.0)O
10641 AIRPORT PULLING RD. STE 28 10641 AIRPORT NAPLES FL 34109 NAPLES FL 3				RT PULLING RD. STE 28 34109						
if above ad	ldresses are incorrect in a	any way line throug	h incorrect in	oformation and e	enter correction below	w	RFING	TATERAT	NIT AJ	حظنهم
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 Incorpo	orated or Qualified ess in Florida	WI 78	
Suite, Apt. #, etc. Suite, Apt. #,				5 684NDS RSSS RVS WA etc. 102			5. FEI Number		05/13/1997 Applied Fo	
City & State City & State				NAPLES FL			o. El Hambel		Not Applied Fo	
Zip SU.	JAPIES Country	2A Z	3p 241		ountry USA	$\neg \lceil$	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee rec	quired itus
7. Names at	nd Street Addresses of Ea		irector (Flor	ida nonprofit co		at leas	t 3 directors)			DO NOT
Title(s)	Name and/o	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numb			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0000265	leneran 4 — —	7		
-	-Stewart, Terri-J	-10641 AIRPORT PULLING RD, STE-28					- 01042 - 006 -	25		
-D-	BATEMAN, A L				10641 AIRPORT PULLING RD, STE 28			NAPLES FL 34109		
_D	ANZELMO, FRAN	1750 ST CHARLES AVE, 230			NEW ORLEANS LA 70130					
D	TERRI J. SJ	5015 GRANDE RESERVE WAY # 102			NAPLES	FL 34110				
<i>D</i> 1	ROSANNE	2406 144 AUE				Ft MYER	S FL 33907			
0	LORI PAR	5075 GRANDE RE WAY # 102				NAPLES	FL 34110 A	1/8		
<u>-</u>	8. Name and Addre	ss of Current Reg	istered Age	nt	Name		9. Name and A	ddress of New Register	red Agent	
PRICE,	R. SCOTT				Street Addres	ニ(く) ss (P.0	O. Box Number i	SHOWART s Not Acceptable)		
	PRICE, PASSIDOMO	5705 Suite, Apt. #, Etc.			GRANDE RESERVE WAY					
2640 GOLDEN GATE PARKWAY, SUITE 315 NAPLES FL-34105				City			102-			
		-			_ · W	1A)	PLES		3411C)
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 REQUIRED										
Registered A	agent	REGIS	TERED AG	ENT MUST SIG	100 mm 10 10 10 mm 100 100 100 100 100 1	<u> </u>		Date	6/98	-
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										
	SIGNATURE AN	2 . 11-ED OV LKINIE	- 100mc Ot 3	STATES OFFICER	COLDINACION			Date 1	Salance Chough	l l