

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N95000005152**

1. Corporation Name

SIR MICHAEL'S PLACE HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address 26941 Leport Street Suite, Apt. #, etc.		3. Mailing Office Address 26941 Leport Street Suite, Apt. #, etc.	
City & State Bonita Springs, FL		City & State Bonita Springs, FL	
Zip 34135	Country Lee	Zip 34135	Country Lee

REINSTATEMENT *9300*

4. Date Incorporated or Qualified To Do Business in Florida November 1, 1995	
5. FEI Number 36-4108212	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Donald E. Gray	
Street Address (P.O. Box Number is Not Acceptable) 26941 Leport Street	
Suite, Apt. #, Etc.	
City Bonita Springs	State / Zip Code FL / 34135

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-10/20/00--01078--003
***358.50 ***358.50

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: Donald E. Gray Date: October 17, 2000

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
D	Donald E. Gray	26941 Leport Street	Bonita Springs, FL 34135
D	Michael Malagiero	26941 Leport Street	Bonita Springs, FL 34135
D	C. L. Hall	26941 Leport Street	Bonita Springs, FL 34135

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)(l), 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 Director Date: October 17, 2000 941/495-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KE

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