

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 26 AM 9:58

DOCUMENT # N24962

1. Corporation Name

SUNRISE AT FOUNTAIN LAKES NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11320 FAIRWAY LAKES DR  
#2  
FT MYERS FL 33913  
US

C/O Quest Management  
P.O. BOX 854 5800 Bonita Beach Rd  
ESTERO FL 33928 #2107  
US Bonita Springs, FL 34134



REINSTATEMENT

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

02/23/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

41-1613208

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

34134 US

34134 US

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VD	BARTLETT, JANET	22716 Fountain Lakes Blvd	ESTERO FL 33928
TD	LICOPANTIS, JEAN	22691 Island Lakes Dr.	ESTERO FL 33928
SD	LICOPANTIS, JEAN	22691 Island Lakes Dr.	ESTERO FL 33928
D	GOODWIN, HERSCHEL	22632 West Bridge Ct	ESTERO FL 33928
PD	GROTH, TERI	22674 Fountain Lakes Blvd	ESTERO FL 33928
D	WALAT, ALICE	22643 Island Lakes Dr	ESTERO FL 33928

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHIELDS, CHRISTOPHER J  
1833 HENDRY ST.  
FT. MYERS FL 33902

Name  
QUEST MANAGEMENT of SW Florida, INC  
Street Address (P.O. Box Number is Not Acceptable)  
5800 Bonita Beach Road  
Suite, Apt. #, Etc.  
Suite 2107  
City  
Bonita Springs  
State  
FL  
Zip Code  
34134

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

Date 10-19-00

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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-11/13/00-01003-014  
10-19-00 25 495-236-25  
Date Daytime Phone #