

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 27 PM 1:56

DOCUMENT # N00959

1. Corporation Name

Lani Kai Bay and Beach Condominium
Association, Inc.

2. Principal Office Address

1401 Estero Blvd.

Suite, Apt. #, etc.

City & State

Fort Myers Beach

Zip

33931

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

FL

Zip

Country

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

1/17/84

5. FEI Number

502512660

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

~~XXXXXXXXXXXXXXXXXXXX~~

Neal Van Vliet

Street Address (P.O. Box Number is Not Acceptable)

~~XXXXXXXXXXXX~~

1401 Estero Blvd.

600003529756

01/09/01 01064 007

****367.25 ****367.25

Suite, Apt. #, Etc.

City

Fort Myers Beach

~~XXXXXXXXXX~~

State
FL

Zip Code 33931
~~XXXXXX~~

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

Neal Van Vliet

REGISTERED AGENT MUST SIGN

Date

12/7/00

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
PD	Robert Conidaris	1400 Estero Blvd.	Fort Myers Beach, FL 33931
VT	Neal Van Vliet	1400 Estero Blvd.	Fort Myers Beach, FL 33931
STT	Grace Conidaris	1400 Estero Blvd.	Fort Myers Beach, FL 33931
			Bridges

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)(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
Robert Conidaris, President

Date

12/7/00

Daytime Phone #

941-463-3111