

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

REC-04 MAR 17 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

N97-5558

1. Corporation Name

The Residences at Gondola Park

2. Principal Office Address

2477 Stickney Point

3. Mailing Office Address

153 Center Rd

Suite, Apt. #, etc.

Suite 118A

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Venice FL

Zip

34231

Country

USA

Zip

34285

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0874440

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-04

**7. Name and Address of Current Registered Agent**

Name

Argus Property Management

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

153 Center Road

100030961521

Suite, Apt. #, Etc.

03/24/04--01003--009 \*\*237.50

City

Venice

State

FL

Zip Code

34285

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

Robert S. [Signature]

Date 3-11-04

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
P	David Colvert	601 Gondola DR	VENICE, FL 34292
V-P	Bill Miner	305 Gondola DR.	VENICE, FL 34292
T	Ruth Rabalais	1106 Gondola DR.	VENICE, FL 34292
S	Jerry Bradley	608 Gondola DR.	VENICE, FL 34292
D	Donald Grant	407 Gondola DR.	VENICE, FL 34292

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-12-04 4858012

Daytime Phone #

CR2E081 (01/04)