

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG -4 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754770

1. Corporation Name
Lochmoor Villas Condominium Association, Inc

2. Principal Office Address		3. Mailing Office Address	
15660 San Carlos Blvd		15660 San Carlos Blvd	
Suite, Apt. #, etc. #40		Suite, Apt. #, etc. #40	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33908	Country Lee	Zip 33908	Country Lee

REINSTATEMENT

04-05

4. Date incorporated or Qualified To Do Business in Florida 10-22-1980

5. FEI Number 592212017

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
P & M Property Management

Street Address (P.O. Box Number is Not Acceptable)
15660 San Carlos Blvd #40

Suite, Apt. #, Etc.

City
Fort Myers,

State
FL

Zip Code
33908

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 *Paul R. Sapp* Date _____

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	Keith Tobeck	5730 Trail Wind Dr. #424	Fort Myers, FL 33907
S/T	Maurice Nelson	1061 Pike Lake Dr.	New Brighton, MN 55112
D	Bill Carras	PO Box 151756	Cape Coral, FL 33915
D	Karen Smith	4749 Orange Grove Blvd. N.	Fort Myers, FL 33908

400055714234
06/03/05--D1037--005 **297.50

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: *Kevin Thomas* 239-931-9636

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

CR2001 (01/05)