

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 SEP -8 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N 08212**

1. Corporation Name

**TIMBER LINE VILLAGE I OF CROSS CREEK  
CONDOMINIUM ASSOCIATION INC**

**400135637504**  
09/10/08--01008--005 \*\*122.50

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

**13611 MCGREGOR BLVD**

Suite, Apt. #, etc.

**SUITE 6**

City & State

**FORT MYERS, FL**

Zip

**33919**

Country

**USA**

3. Mailing Office Address

**13611 MCGREGOR BLVD**

Suite, Apt. #, etc.

**SUITE #6**

City & State

**FORT MYERS, FL**

Zip

**33919**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**592571984**

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

**APEX MANAGEMENT SERVICES**

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

**13611 MCGREGOR BLVD.**

Suite, Apt. #, Etc.

**SUITE 6**

City

**FORT MYERS**

State

**FL**

Zip Code

**33919**

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

**REINSTATEMENT**  
**07-08**

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 A. Hannon**  
REGISTERED AGENT MUST SIGN

Date **8-28-08**

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	SHARON DELAMATER	13090 WHITE MARSH LN #200	FORT MYERS FL 33912
VD	JUDIE MILLER	13090 WHITE MARSH LN #207	FORT MYERS, FL 33912
TD	FAY HUBBARD	13080 WHITE MARSH LN #100	FORT MYERS, FL 33912
SD	MYRNA HASLETT	13080 WHITE MARSH LN #202	FORT MYERS, FL 33912
D	DONALD CORY	13070 WHITE MARSH LN #103	FORT MYERS FL 33912

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 contained in Chapter 119, 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:

**Fay Hubbard / FAY HUBBARD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/2/08-239-437.8400**  
Date Daytime Phone #