

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003011

1. Corporation Name

VILLAS DI MARINO II CONDOMINIUM ASSOCIATION,,INC

Principal Place of Business

C/O CONSTANCE M. BURKE. ESQ.
2660 AIRPORT RD S
NAPLES FL 34112

Mailing Address

C/O CONSTANCE M. BURKE. ESQ.
2660 AIRPORT RD S
NAPLES FL 34112

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Data Incorporated or Qualified
To Do Business in Florida

04/26/2001

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6.

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MARINO, BRIAN D	21W420 THORNDAL AVENUE	MEDINAH IL 60157
T	MARINO, PETER T	21W420 THORNDAL AVENUE	MEDINAH IL 60157
T	MARINO, PATRICK T	21W420 THORNDAL AVENUE	MEDINAH IL 60157

8. Name and Address of Current Registered Agent

BURKE, CONSTANCE M
2660 AIRPORT RD S
NAPLES FL 34112

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

JOHN F. STANLEY

2660 AIRPORT RD S

NAPLES

FL

34112

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. or 617.0505, F.S.

Signature of
Registered Agent

John F. Stanley
REGISTERED AGENT MUST SIGN

Date

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:

Patrick Marino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-25-03 630-893-4455

CR20040 (7/03)

Villas Di Marino II Condominium Association, Inc.

21W420 Thorndale Ave

Medinah, IL 60157 (630) 893 4454

October 27, 2003

Division of Corporations

Annual Report / Reinstatement Section

PO Box 6327

Tallahassee, FL 32314-6327

Re: Waiver of Reinstatement fee Doc #N01000003011

Dear Sir or Madam,

Please waive the penalty for the reinstatement of the Villas Di Marino II Condominium Association, Inc., Doc #N01000003011. We did not receive the two prior uniform business report notices.

Enclosed please find the reinstatement application and a check in the amount of \$61.25.

Sincerely,

A handwritten signature in black ink, appearing to be 'Patrick Marino', with a long horizontal line extending to the right.

Patrick Marino
Officer