

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 AUG -7 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (1/07)

DOCUMENT # 660386

1. Corporation Name

MARCO ISLAND CORPORATION

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

2000 Royal Marco Way

Suite, Apt. #, etc.

Suite 310

City & State

Marco Island, Florida

Zip

34145

Country

USA

3. Mailing Office Address

2000 Royal Marco Way

Suite, Apt. #, etc.

Suite 310

City & State

Marco Island, Florida

Zip

34145

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/25/80

5. FEI Number

59-1083386

☐ 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

Novatt, Jeff M.

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

821 Fifth Avenue South

Suite, Apt. #, Etc.

Suite 201

City

Naples

State

FL

Zip Code

34102

☒ 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.

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

Date August 2, 2007

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
PSTD	Smela, Raymond H.	2000 Royal Marco Way	Marco Island, Florida 34145

REINSTATEMENT

08-07

300107440813
08/07/07--01028--003 **308.75

RH

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond H. Smela, Pres. August 2, 2007

Date

905-339-0885

Daytime Phone #

CHEFFY PASSIDOMO WILSON & JOHNSON

ATTORNEYS AT LAW, LLP

821 FIFTH AVENUE SOUTH, SUITE 201

NAPLES, FLORIDA 34102

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MICHAEL S. GROSS

JASON O. LOWE

OF COUNSEL:

GEORGE L. VARNADOE

August 2, 2007

Division of Corporations
Registration Section
P. O. Box 6327
Tallahassee, Florida 32314

Re: Marco Island Corporation

Ladies and Gentlemen:

Please find enclosed Reinstatement application for the above-referenced corporation, together with our check in the amount of \$308.75, in payment of the fees in connection with the reinstatement and the certificate of status (reinstatement fee excluded as entity did not receive prior notice). Please process this Reinstatement in your usual manner.

Please contact me if you need any additional information. Thank you.

Very truly yours,



Louis W. Cheffy
For the Firm

LWC/lrj
Enclosures

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