

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 APR 16 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

20333

1. Corporation Name

Cocohatchee Club Inc.

600098040676
04/24/07--01003--008 **428.75

CR2E081 (1/07)

2. Principal Office Address (No P.O. Box #)

647 Palm View DR.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES

City & State

FLORIDA

Zip

34110

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/24/71

5. FEI Number

591447238

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

MARIE Clisse

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

513 Palm View DR.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34110

☒ 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

MARIE Clisse

Date

Apr. 10, 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
Pres	MARIE Clisse	513 Palm View DR	NAPLES, FL 34110
V.P.	Ruth Girlando	581 Cypressway E	NAPLES, FL 34110
S	Tom Scarlett	573 Palm View DR	NAPLES FL 34110

REINSTATEMENT 01-07

B 4/18/07

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:

MARIE Clisse

MARIE Clisse

Date

4/10/07

Daytime Phone #

239-593-1581