

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
STATEMENT



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

UMENT # **727216**

ation Name
MARCO

O HIGHLANDS COMDOMINIUM, INC.

FILED

03 OCT 13 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Place of Business

Mailing Address

SCHUAB MARCO POLO RESTAURANT
MARCO LAKE DR., UNIT 10
MARCO ISLAND FL 34145

CARL SCHUAB MARCO POLO RESTAURANT
30 MARCO LAKE DR., UNIT 10
MARCO ISLAND FL 34145
US



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

New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/1973

ite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1532046

Applied For

Not Applicable

ity & State

City & State

ip

Country

Zip

Country

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	NAIFAH, THOMAS	30 MARCO LAKE DR.	MARCO ISLAND FL 34145
P	SCHWAB, CARL W	30 MARCO LAKE DR	MARCO ISLAND FL 34145
D	DUNCAN, KATHRYN	17021 BLUE HERON DR	NAPLES FL
D	WALDORF, DOTTIE E.	30 MARCO LAKE DR.	MARCO ISLAND FL

400023759354
10/13/03--01085--025 **61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHWAB, CARL W. —
MARCO POLO REST
30 MARCO LAKE DR
MARCO FL 34145

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Carl Schwab

Date

10/8/03

REGISTERED AGENT MUST SIGN

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:

Kathryn Duncan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03

Date

239-389-1846

Daytime Phone #

CR2040 (7/03)

**Marco Highlands Condominium, Inc
30 Marco lake Drive Unit 10
Marco Island, Florida 34145
239-389-1846**

October 8,2003

**Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314**

Re: reinstatement of our Inc.

To whom it may concern,

Please reinstate our Marco Highland Comdominium, I never received the two prior uniform business report <UBR> notices.

I have enclosed a check in the amount of \$61.25, I hope you waiver the reinstatement fee. If you have any further questions, please contace me at 239-389-1846

Sincerely yours,

Kathryn Duncan

Kathryn Duncan