

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUN 10 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728211

1. Corporation Name

WHISKEY CREEK COUNTRY CLUB
ESTATES CIVIL ASSOCIATION

2. Principal Office Address

1449 WHISKEY CREEK
DRIVE
NA

3. Mailing Office Address

1449 WHISKEY
CREEK DRIVE
NA

City & State

FT MYERS FL

City & State

FT MYERS FL

Zip

33913

Country

LEE

Zip

33919

Country

LEE

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/73

5. FEI Number

592389395

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

L. DAVID SIMS ATTORNEY AT LAW

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

8250 COLLEGE PARKWAY 12670 NEW BRITANNY BLVD

Suite, Apt. #, Etc.

SUITE 101

City

FT MYERS, FL 33907

State

FL

Zip Code

33907

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

[Signature]

Date

4/9/02

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
	SEE ATTACHED	LIST	726-25-ADM
			61-25-AR
			700005895677
			06/21/02 01011 006
			****787.50 ****787.50

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 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:

RUTH M GAMACHE

APR 1, 2002 (941)437-1182

Date

Daytime Phone #

Check for \$787.50 Attached

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* The business address for all Directors (D) is: Whiskey Creek Estates Civic Assn
1449 Whiskey Creek Drive
Ft Myers, Florida 33919