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
04 JUL 27 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **730071**

1. Corporation Name

CLAM COURT CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
1195 CLAM CT #201 NAPLES FL 34102 US	1195 CLAM CT #201 NAPLES FL 34102 US

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. 1195 Clam Ct #202	Suite, Apt. #, etc. 1195 Clam Ct #202
City & State Naples Fl	City & State Naples Fl
Zip 34102 Country	Zip 34102 Country

4. Date Incorporated or Qualified To Do Business in Florida 06/26/1974

5. FEI Number 59-1655374 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	~~LISS, LARRY~~ JWaterman, JoEllen	195 CLAM COURT ~~#101~~ 202	NAPLES FL 34102
VD	~~HUBBELL, AARON~~ Rusich, TOM	1195 CLAM COURT #201 203	NAPLES FL 34102
~~SD~~	~~HUBBELL, KAREN~~	~~1195 CLAM COURT #201~~	~~NAPLES FL 34102~~
TD	~~HUBBELL, KAREN~~ Sawtelle, Glenn	1195 CLAM COURT ~~#201~~ 103	NAPLES FL 34102
~~D~~	~~RUSICH, TOM~~	~~1195 CLAM COURT #203~~	~~NAPLES FL 34102~~

300038283053
06/25/04--01049--001 **245.00
300038283053
07/22/04--01001--019 **61.25

8. Name and Address of Current Registered Agent

HUBBELL, AARON
1195 CLAM CT
#201
NAPLES FL 34102

9. Name and Address of New Registered Agent

Name: JoEllen Waterman
Street Address (P.O. Box Number is Not Acceptable): 1195 Clam Ct ~~#202~~
Suite, Apt. #, Etc.: ~~Naples~~ 202
City: Naples State: FL Zip Code: 34102

CR2E040 (7/03)

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: JoEllen Waterman Date: 6/22/04
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: JoEllen Waterman JoEllen Waterman 6/22/04 (239) 821-2244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #