

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAY -1 PM 12: 57

STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739662

1. Corporation Name

Southdale Property Owners Association, Inc.

REINSTATEMENT 05-07

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

1420 Arthur

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

Zip

33901

Country

USA

3. Mailing Office Address

1420 Arthur Ave

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

Zip

33901

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/1977

5. FEI Number

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

Carlos Ramirez

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

1420 Arthur Ave

Suite, Apt. #, Etc.

City

Ft. Myers

State

FL

Zip Code

33901

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4/25/07

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
VP	Dana Mailoux - VP	1033 Southdale Rd	Ft Myers, FL 33919
Pres	Fernando Morrey	1046. Southdale Rd	Ft Myers FL 33919
Sec	Carlos Ramirez	1420 Arthur Ave	Ft. Myers, FL 33901

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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] Fernando Morrey 239-707-3119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #