


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 NOV 13 PM 12:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **741471**

1. Corporation Name

POWELL AND YANSON BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

550 FIFTH AVENUE SOUTH
 NAPLES FL 33940-6614

550 FIFTH AVENUE SOUTH
 NAPLES FL 33940-6614

HR



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.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
01/27/1978	
5. FEI Number	Applied For
59-1826920	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	YANSON, OSCAR F.	550 FIFTH AVE. SOUTH	NAPLES FL
STD	COPE, RICHARD W	300 S PARK PLACE BLVD #150	CLEARWATER FL 33759
D	RICHARSON, CHARLES	550 FIFTH AVENUE SOUTH	NAPLES FL
			100004732801--7 -12/19/01--01045--015 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

POWERS, JILL FISHER ESQ
 300 S PARK PLACE BLVD # 150
 CLEARWATER FL 33759

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent *[Signature]* Date 10/26/01
 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: *[Signature]* **RICHARD W COPE** 11/7/01 (727) 723-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)