

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742722

1. Corporation Name

GULF VIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

9002 GULF SHORE DR. N.
NAPLES FL 33963

Mailing Address

9002 GULF SHORE DR. N.
NAPLES FL 33963

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.

1815 S. Walnut St.

City & State

Bloomington, IN

Zip 47401

Country MONROE

Suite, Apt. #, etc.

1815 S. Walnut St.

City & State

Bloomington, IN

Zip 47401

Country MONROE

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/1978

5. FEI Number

59-2054119

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DPB P/B	LAWLESS, TIMOTHY D. Kathleen Rubeck	9002 GULF SHORE DR. N. 1815 S. Walnut	NAPLES FL Bloomington IN 47401
BY S/T/D	MOSHER, DR. D.M. Ronald Rubeck	773 4TH AVE. NO. 1517 BROWNING LANE	NAPLES FL Bloomington IN 47401
BY D	LEVINE, ROBERT Brent Rubeck	4300 MT. CURVE 112 E Wood St. #7	MINNEAPOLIS MN Lafayette, IN 47906
+	LAWLESS, TIMOTHY D	9002 GULF SHORE DRIVE N	NAPLES FL
			200002477252--5 -04/02/98--01079--030 *****61.25 *****61.25
			200002477252--5 -04/02/98--01079--031

8. Name and Address of Current Registered Agent

LAWLESS, TIMOTHY
9002 GULF SHORE DR N
NAPLES FL 33963

9. Name and Address of New Registered Agent

Name Kathleen Rubeck
Street Address (P.O. Box Number Is Not Acceptable)
9032 Gulf Shore Dr. N.
Suite, Apt. #, Etc.
City Naples State FL Zip Code 33963

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

Kathleen Rubeck
REGISTERED AGENT MUST SIGN

Date 2/5/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Kathleen Rubeck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/98
Date

812-336-1117
Daytime Phone #

FILED

98 MAR 31 AM 5:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

97-98