


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 NOV 20 AM 11:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **746633**

1. Corporation Name
COCONUT RIVER ESTATES CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2190 CLIPPER WAY NAPLES FL 34104 US	2190 CLIPPER WAY NAPLES FL 34104 US



REINSTATEMENT

JWD

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	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	04/04/1979
City & State	City & State	5. FEI Number
Zip	Country	59-2013579
		Applied For <input checked="" type="checkbox"/>
		Not Applicable <input type="checkbox"/>
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MORTON, MARK B	2233 CLIPPER WAY	NAPLES FL 34104
VD	BROOKS, DIANE R	2377 LONGBOAT DRIVE	NAPLES FL 34104
SD	MCDANIEL, KAREN	2216 CLIPPER WY	NAPLES FL
TD	CRAWLEY, DAVID	2296 CLIPPER WY	NAPLES FL
D	KATTERFIELD, WILLIAM	2249 CLIPPER WY	NAPLES FL

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MORTON, MARK 2233 CLIPPER WY NAPLES FL 34104	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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: *Mark Morton* Date: 11/13/00

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: *Mark B. Morton* Date: 11/13/00 Daytime Phone #: 941-403-6725

MARK B. MORTON

