



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 SEP 19 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500109656195
09/19/07--01040--006 **192.50

REINSTATEMENT 05-07
CR2E08T (1/07)

DOCUMENT # 746633
1. Corporation Name
COCONUT RIVER ESTATES CIVIC ASSOCIATION, INC

2. Principal Office Address - No P.O. Box #
2190 CLIPPER WAY
3. Mailing Office Address
2190 CLIPPER WAY

Suite, Apt. #, etc.

City & State
NAPLES
City & State
NAPLES

Zip Country
34104 U.S.A.
Zip Country
34104 U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 04/04/79
5. FEI Number 59-2013579 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
MARYELLEN SICKLER

Street Address (P.O. Box Number is Not Acceptable)
2504 CLIPPER WAY

Suite, Apt. #, Etc.

City State Zip Code
NAPLES FL 34104

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 *MaryEllen Sickler* Date 9/13/07
REGISTERED AGENT MUST SIGN

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
PD	JOHN SHEPARD	2463 CLIPPER WAY	NAPLES, FL 34104
PD	ROBERT MCDANIELS	2216 CLIPPER WAY	NAPLES, FL 34104
SD	KAREN MCDANIEL	2216 CLIPPER WAY	NAPLES, FL 34104
TD	MARYELLEN SICKLER	2504 CLIPPER WAY	NAPLES, FL 34104
		079/21	

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: *MaryEllen Sickler* MaryEllen Sickler 9/13/07 239.293.3154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #