

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AMENDED
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -5 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749776

1. Corporation Name

HARBOUR LIGHTS CONDOMINIUM ASSOCIATION INC.
of Cape Coral

2. Principal Office Address

4003 SE 11TH PL

3. Mailing Office Address

4003 SE 11TH PL

Suite, Apt. #, etc.

#107

City & State

CAPE CORAL, FL

Zip

33904

Country

LEE

Suite, Apt. #, etc.

#107

City & State

CAPE CORAL, FL

Zip

33904

Country

LEE

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

N/A

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

DONNA NAUSTDAL

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

4003 SE 11TH PL #107

Suite, Apt. #, Etc.

#107

City

CAPE CORAL

State

FL

Zip Code

33904

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

Donna Naustdal

Date 3-16-06

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
P	HAROLD HARTLEY	4009 SE 11TH PL #201	CAPE CORAL, FL 33904
T	DONNA NAUSTDAL	4003 SE 11TH PL #107	CAPE CORAL, FL 33904
VP	JAMES MYERS	4009 SE 11TH PL #205	CAPE CORAL, FL 33904
S	JAMES MYERS	4009 SE 11TH PL #205	CAPE CORAL, FL 33904
	<i>[Signature]</i>		

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:

Donna Naustdal

DONNA NAUSTDAL

3-16-06 239 549-9578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #