PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMEN	
1. Corporation Name	

750198

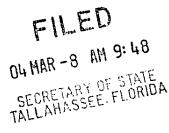
NAPLES COMMERCIAL PLAZA NUMBER 2 CONDOMINIUM AS SOCIATION, INC.

Principal Place of Business

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:



2500 AIRPORT ROAD SO: 2500 AIRPORT ROAD NAPLES FL 34112 STE. #207 - US NAPLES FL 34112 -				•			
	ddresses are incorrect in any way, line thro	US			FINIST	atement	99-04
\$2. New Prin	ncipal Office Address; if Applicable	-3. New Mailing	Office Address, If		-4. Date Incorporate To Do Busin	orated or Qualified.	12/13/1979
Suite, Apt. i	·	Suite, Apt. #, etc	G.		5. FEI Number	65-0087848	Applied For
Zip	ples PL	Zip	.托S Country	1.10.	6.		Not Applicable 8.75 Additional Fee required
7. Names a	and Street Addresses of Each Officer and/	or Director (Florida	a nonprofit cornera	tions must list at lea		E OF STATUS DESIRED	for a Certificate of Status
Title(s)	Name of Officers and/or Directors		Stre	eet Address of Each icer and/or Director	·····	City /	State / Zip
# P PD	STONE, WILLIAM B William Strenk	ert 2	2358 PINEWOOD 5aリ ロ*	S CIRCLE - N		NAPLES FL	34102
49V	MOORMAN, MARDIS Joseph Derijal			m St N		NAPLES FL	34102
# TD	Salomon J Car	denas.	580 11TH ST NO	m 5+ N		NAPLES FL	34102
50	Widley Timol	eon	318 Os	prey La	nding	Naples Fr	34104
		100030000551 					
					000 100	04 -01022 -013	**342.3U
==	8Name and Address of Current F	Registered Agent		Name		ddress of New Registere	d Agent
	E, WILLIAM B.					is Not Acceptable)	
	2358 PINEWOOD CIRCLE NAPLES FL 33942 Suite, Apt. #, Etc.						
City NAP LZS State Zip Code FL 34102							
10. I, being appointed the registered eigent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 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.							