

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 750198

1. Corporation Name

NAPLES COMMERCIAL PLAZA NUMBER 2 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2500 AIRPORT ROAD SO.
NAPLES FL 34112
US

2500 AIRPORT ROAD SO.
STE. #207
NAPLES FL 34112
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

580 11th St N
Suite, Apt. #, etc.

City & State
Naples FL

Zip 34102 Country USA

3. New Mailing Office Address, If Applicable

580 11th St N
Suite, Apt. #, etc.

City & State
NAPLES

Zip 34102 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

12/13/1979

5. FEI Number

65-0087848

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	STONE, WILLIAM B.	2358 PINWOODS CIRCLE	NAPLES FL
PD	William Strenkert	524 11th St N	34102
VTDS	MOORMAN, MARDIS	1205 WHISPERING PINES LN	NAPLES FL
VPD	Joseph Derival	580 11th St N	34102
TD	MAZPULE, MERCEDES	580 11TH ST NO	NAPLES FL
TD	Salomon J Cardenas	580 11th St N	34102
SO	Widley Timoleon	318 Osprey Landing	Naples FL 34104

100030000551
03/08/04 01022 015 **542.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STONE, WILLIAM B.
2358 PINWOOD CIRCLE
NAPLES FL 33942

Name

SALOMON J CARDENAS

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

580 11th St No.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34102

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/24/04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

SALOMON J. CARDENAS

Date

3/3/04

Daytime Phone #

(239) 434 6028

CR2ED40 (8/99)