

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -3 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755605

1. Corporation Name

Amberley Court Homeowners Association, Inc.

2. Principal Office Address

9371 Cypress Lake Dr.

Suite, Apt. #, etc.

Suite 19

City & State

Fort Myers, FL

Zip

33919

Country

Lee

3. Mailing Office Address

9371 Cypress Lake Dr.

Suite, Apt. #, etc.

Suite 19

City & State

Fort Myers, FL

Zip

33919

Country

Lee

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

52-04

7. Name and Address of Current Registered Agent

Name

Armando J. Pagliarini

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

9371-19 Cypress Lake Drive

Suite, Apt. #, Etc.

Suite 19

City

Fort Myers

State

FL

Zip Code

33919

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

Armando Joseph Pagliarini
REGISTERED AGENT MUST SIGN

Date 02/12/2004

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
Pres.	Roy Hoffman	17151 Palm Beach Blvd.	Alva, FL 33920
V. Pres & Treas.	Dan Wymer	6324 Panther Lane, #12	Fort Myers, FL 33919

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 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:

DAN WYMER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-28-04

Daytime Phone #

810-4801

DAN WYMER

CR2E081 (10/02)