

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 19 AM 8:30

DOCUMENT # 757727

1. Corporation Name  
COMMERCIAL SQUARE PHASE I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 39 MILDRED DRIVE FT MYERS FL 33901	Mailing Address 39 MILDRED DRIVE FT MYERS FL 33901
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REINSTATEMENT 95

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida	04/24/1981
5. FEI Number	59-2077832
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Add'l Bond 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	THORNER, MARC	1226 HEMINGWAY DR.	FT. MYERS FL
VPD	PRICE, ERNEST	1230 HEMINGWAY DR	FT. MYERS FL
STD	COURTER, LOIS	39 MILDRED DRIVE	FT. MYERS FL
			900003029019--2 -10/29/99--01048--010 ****236.25 ****236.25
			10/12/99

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
COURTER, LOIS M 39 MILDRED DRIVE FT MYERS FL	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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: Lois M. Courter Sec. I COURT Date: 10-14-99  
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.

SIGNATURE: Lois M. Courter Sec. I COURT Date: 10-14-99 Daytime Phone: 941-936-8521  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR