

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 FEB 13 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759123

1. Corporation Name

NAPLES DOCKSIDE CONDOMINIUM ASSOCIATION, INC.

REINSTATEMENT 04-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

1323 CHESAPEAKE AVE

3. Mailing Office Address

1323 CHESAPEAKE AVE

Suite, Apt. #, etc.

1A

Suite, Apt. #, etc.

1A

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34102

Country

USA

Zip

34102

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1981

5. FEI Number

59-2555048

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

RICHARD P. KOOP

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

4116 PROGRESS AVE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34104

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

Date 2-7-08

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	RUSS KOOP	1323 CHESAPEAKE AVE # 2A	NAPLES, FL 34102
T	DICK ARNOLD	1323 CHESAPEAKE AVE # 1A	NAPLES, FL 34102
D	PAULO MASSOLINK	1323 CHESAPEAKE AVE # 213	NAPLES, FL 34102

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:

[Signature]

Date

Daytime Phone #

2-7-08 238-417-3137

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