

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~759508~~ 759508

1. Corporation Name
46 DOCKSIDE CONDOMINIUM
ASSOCIATION, INC.

06 NOV 17 11 3:17

SECRET
TALLAH. OR SA

2. Principal Office Address

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33904

Country

3. Mailing Office Address

1220 S.E. 46TH STREET

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 2006

4. Date Incorporated or Qualified
To Do Business in Florida

1984 ?

5. FEI Number

59-2650364

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

GOTT, RONALD

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

1220 S.E. 46TH STREET

Suite, Apt. #, Etc.

INIT 109

City

CAPE CORAL

State

FL

Zip Code

33904

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

Ronald Gott

REGISTERED AGENT MUST SIGN

Date 11/02/2006

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	GOTT, RONALD	1220 S.E. 46TH STREET	CAPE CORAL, FL 33904
S/T	GILLESPIE, EVERETT	1220 S.E. 46TH STREET UNIT 102	CAPE CORAL, FL 33904
V	DESROSIERS, ARTHUR	1220 S.E. 46TH STREET	CAPE CORAL, FL 33904
D	ROHAN, JAMES	1220 S.E. 46TH STREET UNIT 104	CAPE CORAL, FL 33904
D	STINGONE, ANTHONY	1220 S.E. 46TH STREET UNIT 111	CAPE CORAL, FL 33904
D	GUESS, JOHN	1220 S.E. 46TH STREET UNIT 108	CAPE CORAL, FL 33904

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:

Everett Gillespie

TRUE AND CORRECT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/22006

Daytime Phone #