

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2005 JUL 18 PM 12: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761353

1. Corporation Name

Royal Port Condominium
Association, Inc.

2. Principal Office Address

1145 Cherrystone Ct.

Suite, Apt. #, etc.

Unit B

City & State

Naples FL

Zip

34102

Country

U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

200057612572
07/18/05--01067--002 **1470.00

REINSTATEMENT 85-05

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

1-7-82

5. FEI Number

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

Roy Newsome

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

1145 Cherrystone Ct.,

Suite, Apt. #, Etc.

Unit B

City

Naples

State

FL

Zip Code

34102

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

Roy Newsome

Date

7-14-05

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
D/p	Roy Newsome	1145 Cherrystone Ct, Unit B	Naples FL 34102
D/vp	Joan Newsome	1145 Cherrystone Ct, Unit B	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 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:

Roy Newsome

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-05

Date

239 774 7733

Daytime Phone #

CR2E081 (01/05)

7/21/05