


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 FEB 15 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 761693

1. Corporation Name  
Gulfway Condominium Assoc. INC.

100066218081  
02/20/06--01081--024 \*\*971.25

**REINSTATEMENT** 94-06  
CR2E081 (12/05)

2. Principal Office Address <u>215 1<sup>st</sup> Street</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>4293-A ISLAND CIRCLE</u> Suite, Apt. #, etc.	
City & State <u>Bonita Spring</u>		City & State <u>FORT MYERS, FL</u>	
Zip <u>34134</u>	Country <u>USA</u>	Zip <u>33919</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida 2/02/1982

5. FEI Number 761693 Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name  
WALTER GRACE JR.

Street Address (P.O. Box Number is Not Acceptable)  
4293-A ISLAND CIRCLE

Suite, Apt. #, Etc.

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 Walter Grace Jr. Date 2/13/06

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
<u>P</u>	<u>JEANNE J. SQUITIER</u>	<u>1267 CARLENE AVE</u>	<u>FORT MYERS, FL 33901</u>
<u>S/T</u>	<u>KRISTIE HUFF</u>	<u>1267 CARLENE AVE</u>	<u>FORT MYERS, FL 33901</u>
<u>D</u>	<u>WALTER GRACE JR.</u>	<u>4293-A ISLAND CIRCLE</u>	<u>FORT MYERS, FL 33909</u>

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: Jeane J. Squitier Jeane J. Squitier Date 2/13/06 Daytime Phone # (339)332-4732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR