

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 761988

1. Corporation Name

COR-MARIE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2510 SE 16TH PL
 UNIT 101
 CAPE CORAL FL 33904
 US

2510 SE 16TH PL
~~#104~~ #101
 CAPE CORAL FL 33904
 US

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

02/16/1982

5. FEI Number

59-6783949

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

FILED
 03 OCT 13 PM 1:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



300023747019

10/13/03 01054 002 **81.25

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	ADKINS, SHIRLEY	2510 SE 16TH PLACE #104 #202	CAPE CORAL FL 33904
VD	BROWN, SHIRLEY JOHNNIE, KATHRYN	2510 SE 16TH PLACE #105 #101	CAPE CORAL FL 33904
SD	VOLK, RICHARD NADINE HARTLEY	2510 ^{SE} 16TH PLACE #201	CAPE CORAL FL 33904

8. Name and Address of Current Registered Agent

JOHNNIE
 JOHNNIE, KATHRYN
 2510 SE 16TH PL
 #101
 CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suits, 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. or 617.0505, F.S.

Signature of Registered Agent

Kathryn Johnnie
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

10/9/03

11. I certify that I am an officer or director of 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:

Kathryn Johnnie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03

Daytime Phone #

239 339-6000

CR2E040 (7/03)

Cor-Marie Condo Association
2510 SE 16th Place
Cape Coral, FL 33904

October 9, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL

Re: 761988

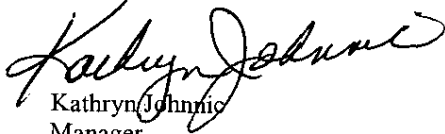
Dear Sir / Madam;

This letter is to request a reinstatement of active status for Cor-Marie Condominium Association, Inc.

The mailing address is not correct, therefore I have not received a renewal notification from your department. Please correct the mailing address to Unit 101, so I will be sure to receive the notice each year.

Enclosed is the fee of \$61.25, for reinstatement to active status for the new license. If you have any questions, please don't hesitate to contact me.

Sincerely,



Kathryn Johnson
Manager
Cor-Marie Condo Association