

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 JAN 12 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 762823

1. Corporation Name  
The Shorewood of Sanibel Condominium Association,  
Inc.

300140361123  
01/12/09--01051--004 \*\*481.25

2. Principal Office Address - No P.O. Box # 1191 Middle Gulf Drive		3. Mailing Office Address 1191 Middle Gulf Drive	
Suite, Apt. #, etc. 3A		Suite, Apt. #, etc. 3A	
City & State Sanibel, Florida		City & State Sanibel, Florida	
Zip 33957	Country LEE	Zip 33957	Country LEE

**REINSTATEMENT** 05-09  
CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida 4-9-1982	Applied For Not Applicable
5. FEI Number 59-2225053	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Harley Derleth

Street Address (P.O. Box Number is Not Acceptable)  
1191 Middle Gulf Drive

Suite, Apt. #, Etc.  
#3A

City Sanibel	State FL	Zip Code 33957
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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 \_\_\_\_\_ Date \_\_\_\_\_

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/T/D	Harley Derleth	1191 Middle Gulf Dr., #3A	Sanibel, Florida 33957
V/S/D	Charles Hart	1191 Middle Gulf Dr., #D-3	Sanibel, Florida 33957
D	Nicholas Motherway	658 Courtland Circle	Western Springs, IL 60558

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: Harley R. Derleth HARLEY R. DERLETH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
PRESIDENT

Date: 1/6/09 239.772.7961  
Daytime Phone #

JC 1/20