

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 JUL 16 PM 12: 21.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 764468

**1. Corporation Name**

Aqua Cove Homeowners Association, Inc.

**2. Principal Office Address**

8420 Aqua Cove Lane

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

Zip

33903

Country

U.S.A.

**3. Mailing Office Address**

8420 Aqua Cove Lane

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

Zip

33903

Country

U.S.A

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

8/09/82

**5. FEI Number**

592378028

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

Robert Bubar

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

8420 Aqua Cove Lane

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33903

**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

*Robert Bubar*  
REGISTERED AGENT MUST SIGN

Date 7-9-01

**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	Robert Bubar	8420 Aqua Cove Lane	Fort Myers, Florida 33903
D/VP	Brian Baker	8410 Aqua Cove Lane	Fort Myers, Florida 33903
D/T	Carolyn Stout	8390 Aqua Cove Lane	Fort Myers, Florida 33903
D/S	Louise Habayeb	8431 Aqua Cove Lane	Fort Myers, Florida 33903

**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:

*Robert H Bubar Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Robert Bubar, President and Director

Date

7-9-01 941-332-4400

Daytime Phone #

CR2E081 (9/00)