

PLEASE READ ALL INSTRUCTIONS BEFORE C...

APPROVED AND FILED

05 APR 18 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766352

1. Corporation Name
Gulf Coast Camping Resort Property Owners' Association

2. Principal Office Address
24020 Production Cir.

3. Mailing Office Address
24020 Production Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

Zip
34135

Country
USA

Zip
34135

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 12/29/1982

5. FEI Number
592474215

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
L. W. Mayhood

Street Address (P.O. Box Number is Not Acceptable)
24020 Production Cir.

200054211342
05/10/05 01051 015 **805.75

Suite, Apt. #, Etc.

City
Bonita Springs

State
FL

Zip Code
34135

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

L. W. Mayhood
REGISTERED AGENT MUST SIGN

Date 4-14-05

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	Charles "Lucky" Bishop	24020 Production Cir. Lot # 122	Bonita Springs, FL 34135
V	Steve Williams	24020 Production Cir. Lot #57	Bonita Springs, FL 34135
S	Elaine MacDonald	24020 Production Cir. Lot #1	Bonita Springs, FL 34135
T	Sue Mayhood	24020 Production Cir	Bonita Springs FL 34135

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:

Sue Mayhood
SUE MAYHOOD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-05

Date

(839)
872-8224

Daytime Phone #

CR2E081 (01/05)