

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 28 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767421

1. Corporation Name

TAHITIAN PROFESSIONAL PLAZA
OWNERS ASSOCIATION, INC.

2. Principal Office Address

1472 AIRPORT RD.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

Zip

34104

Country

Collier

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/11/1983

5. FEI Number

20-0924536

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

PAUL EVAN YOUNG

Street Address (P.O. Box Number is not acceptable)

1472 AIRPORT ROAD

Suite, Apt. #, etc.

City

NAPLES

State

FL

Zip Code

34104

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

REGISTERED AGENT MUST SIGN

Date

4/22/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JAMES A. MORANDE JR	5180 OLD GALLOWES WAY	NAPLES, FL
VP	DONNA G. MORANDE	5180 OLD GALLOWES WAY	NAPLES, FL
Sec.	DAVID FENELON	3838 TAMiami TRAIL N	NAPLES, FL 34103

10. 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)(c), 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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/04 239 732 8909

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