

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 11 PM 4:00
8670

DOCUMENT # N00000000993

1. Corporation Name

WEDGE WOOD II AT PELICAN STRAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9400 GLADIOLUS DR., STE. 250
FT. MYERS FL 33908

9400 GLADIOLUS DR., STE. 250
FT. MYERS FL 33908



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

New Principal Office Address, If Applicable
~~205 Airport Rd. S.~~
Suite, Apt. #, etc.

New Mailing Office Address, If Applicable
~~205 Airport Rd. S.~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/2000

5. FEI Number

65-1006872

Applied For

Not Applicable

City & State
Naples, FL
34104

City & State
Naples, FL
34104

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75. Additional Fee required
for a Certificate of Status

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

000004794812--8

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
1	2	3	4
D	REISMAN, JOHN	9400 GLADIOLUS DR., STE. 250	FT. MYERS FL 33908
D	GULLO, VINCE	9400 GLADIOLUS DR., STE. 250	FT. MYERS FL 33908
D	KNIZNER, DAVID	9400 GLADIOLUS DR., STE. 250	FT. MYERS FL 33908
D	Paul Berube	5928 SAND WEDGE Lane # 1807	NAPLES, FL 34110
D	Julia South	5945 SAND WEDGE Lane # 1006	NAPLES, FL 34110
D	Glen Stewart	5945 SAND WEDGE Lane # 1108	NAPLES, FL 34110

8. Name and Address of Current Registered Agent

PEEPLES, C. PERRY ESQ.
8889 PELICAN BAY BLVD., STE. 300
NAPLES FL 34108

9. Name and Address of New Registered Agent

Name
R.P. Property Management
Street Address (P.O. Box Number is Not Acceptable)
265 Airport Rd S
Suite, Apt. #, Etc.
City
Naples
State
FL
Zip Code
34104

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/8/01

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)