

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000001043

1. Corporation Name

Pondella Commerce Park Property Owners Association, Inc.

W07-12525

2. Principal Office Address - No P.O. Box #
1500 Colonial Blvd

Suite, Apt. #, etc.
Suite 217

City & State
Fort Myers, FL

Zip
33907

Country
US

3. Mailing Office Address
1500 Colonial Blvd

Suite, Apt. #, etc.
Suite 217

City & State
Fort Myers, FL

Zip
33907

Country
US

7. Name and Address of Current Registered Agent

Name
W. Kirk Beck

Street Address (P.O. Box Number is Not Acceptable)
6908 Erin Marie Ct

Suite, Apt. #, Etc.

City
Fort Myers

State
FL

Zip Code
33919

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

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	W. Kirk Beck	6908 Erin Marie Ct	Fort Myers, FL 33919
D	Steven M. Weisberg	1500 Colonial Blvd., #217	Fort Myers, FL 33907
D	Andrew A. Barnette	4227 Del Prado Blvd.	Cape Coral, FL 33904

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Kirk Beck

Date

2/15/07

Daytime Phone #

239-337-1010

FILED

07 APR 23 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700102644827
05/16/07--01037--011 **420.00

REINSTATEMENT
CR2E081 (1/07)

04-07

**4. Date Incorporated or Qualified
To Do Business in Florida** 2/16/2000

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☐ 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.