

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 NOV -6 AM 11:13


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300137710163
11/06/08--01033--008 **8.75

300137710163
11/06/08--01033--009 **236.25

CR2E081 (10/08)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO00000002424
1. Corporation Name
EAGLE SUBDIVISION 1 PROPERTY OWNERS' ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box # 9800 S. HealthPark Dr.		3. Mailing Office Address 9800 S. HealthPark Dr.	
Suite, Apt. #, etc. Suite 350		Suite, Apt. #, etc. Suite 350	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33908	Country Lee	Zip 33908	Country Lee

4. Date Incorporated or Qualified To Do Business in Florida <u>04/12/2000</u>	
5. FEI Number 20-8770283	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Charles Mann, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1833 Hendry St.

Suite, Apt. #, Etc.

City
Fort Myers

State
FL

Zip Code
33901

☐ 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.

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 [Signature] Date 11/4/08

REGISTERED AGENT MUST SIGN

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
Pres	Todd Darche	9800 S. HealthPark Dr, Ste 350	Fort Myers, FL 33908
VP	Brian Allardt	211 S. Walnut St	Muncie, IN 47305
S/T	Douglas A. Dodson	9800 S. HealthPark Dr, Ste 350	Fort Myers, FL 33908
Dir	Glenn Rozansky	7300 Kendall Dr, 8th floor	Miami, FL 33156
Dir	Scot Chausse	1642 NE Pine Island Rd	Cape Coral, FL 33909

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: Douglas A. Dodson, Secretary Date 11/03/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR