

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 01 DEC 21 AM 11:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N00000005889**

1. Corporation Name
THE PINNACLE I AT THE STRAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
9400 GLADIOLUS DRIVE #250 FORT MYERS FL 33908



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

2. New Principal Office Address, If Applicable 265 Airport Roads	3. New Mailing Office Address, If Applicable 265 Airport Roads	4. Date Incorporated or Qualified To Do Business in Florida 09/06/2000
City & State NAPLES FL	City & State NAPLES, FL	5. FEI Number 65-1137182
Zip 34104	Country COLLIER	6. CERTIFICATE OF STATUS DESIRED: <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	REISMAN, JOHN	9400 GLADIOLUS DRIVE #250	FORT MYERS FL 33908
D ST	GULLO, VINCE	9400 GLADIOLUS DRIVE #250	FORT MYERS FL 33908
D P	KNIZNER, DAVID	9400 GLADIOLUS DRIVE #250	FORT MYERS FL 33908
D	Peggy Finn	5985 Pinnacle Lane #202	Orlando Spring FL 34110

8. Name and Address of Current Registered Agent C. PERRY PEEPLES 8889 PELICAN BAY BOULEVARD SUITE 300 NAPLES FL 34108	9. Name and Address of New Registered Agent REP Property Management 265 Airport Road South NAPLES FL 34104
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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: *[Signature]* REGISTERED AGENT MUST SIGN

Date: **800004765448--0**
-01/10/02--01076--014
******236.25 ****236.25**

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)(l), 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E040 (8/01)