

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000000152

1. Corporation Name

Cape Haze Marina Village, Phase One, Section Two, Homeowners' Association, Inc.

2. Principal Office Address - No P.O. Box #

c/o Sherry Thacker

Suite, Apt. #, etc.

8238 Harborside Circle

City & State

Englewood, FL

Zip

34224

Country

3. Mailing Office Address

c/o Sherry Thacker

Suite, Apt. #, etc.

8238 Harborside Circle

City & State

Englewood, FL

Zip

34224

Country

7. Name and Address of Current Registered Agent

Name

Robert D. Royston, Jr., Esq.

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

Costello, Royston & Wicker, LLP

Suite, Apt. #, Etc.

12670 New Brittany Boulevard, Suite 101

City

Fort Myers

State

FL

Zip Code

33907

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 April 6, 2010

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
DS	Sherry Thacker	8238 Harborside Circle	Englewood, FL 34224
DPT	Richard Thacker	8238 Harborside Circle	Englewood, FL 34224
DVP	Paul Keck	8250 Harborside Circle	Englewood, FL 34224

10. E-mail Address: rroyston@lawcrw.com

(To be used for future annual report notification)

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. Further certify, 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

Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 6, 2010

Date

Daytime Phone #

FILED

10 APR 14 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FL

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04/14/10--01045--010 **603.75

REINSTATEMENT 04-10

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 1/05/2001

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.

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