

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO1000003465

1. Corporation Name
Danforth Lakes Homeowners Association, Inc.

2. Principal Office Address - No P.O. Box #
12700 Aston Oaks Dr.

Suite, Apt. #, etc.

City & State
Fort Myers, FL

Zip 33912 Country USA

3. Mailing Office Address
3701 Tamiami Trail

Suite, Apt. #, etc.

City & State
Naples, FL

Zip 34103 Country USA

7. Name and Address of Current Registered Agent

Name
Compass Group Property Management

Street Address (P.O. Box Number is Not Acceptable)
3701 Tamiami Trail North

Suite, Apt. #, Etc.

City
Naples

State FL Zip Code 34103

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 3-11-2011

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
PD	Matt Oliver	12802 Aston Oaks Dr.	Fort Myers, FL 33912
VPD	Michael Dean	12701 Aston Oaks Dr.	Fort Myers, FL 33912
SD	Patrick Logue	12806 Aston Oaks Dr.	Fort Myers, FL 33912
TD	Linda Sloman	9017 Falcon Pointe Loop	Fort Myers, FL 33912

10. E-mail Address: INFO@MYCOMPASSGROUP.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., and that all fees owed by the corporation have been paid. I 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/17/2011

Daytime Phone #

FILED

11 MAR 25 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500199354805
03/25/11--01037--007 **750.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 5/16/2001

5. FEI Number
03-0387463

☐ Applied For
☐ Not Applicable

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

3/28/11