

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 18 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000005655

1. Corporation Name

SPOONBILL COVE II AT CARLTON LAKES, INC.

Principal Place of Business

6025 CARLTON LAKES BLVD.
NAPLES FL 34110

Mailing Address

37 MENTOR DR.
NAPLES FL 34110

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

2. New Principal Office Address, If Applicable

Advanced Property Mgmt Service
Suite, Apt. #, etc.
37 Mentor Drive
City & State
Naples FL 34110

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/2001

5. FEI Number

80-0005565

APPLIED FOR

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CLAUSSEN, CHRISTOPHER G	6025 CARLTON LAKES BLVD.	NAPLES FL 34110
D	CLAUSSEN, ROBERT G	6025 CARLTON LAKES BLVD.	NAPLES FL 34110
D	STERLING, JACK G	6025 CARLTON LAKES BLVD.	NAPLES FL 34110

600024805436

11/18/03--01055--014 **236.25

8. Name and Address of Current Registered Agent

SWALM & BOURGEOU, P.A.
2375 TAMiami TRAIL NORTH
SUITE 308
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name

SUSAN L. THOMPSON

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

Advanced Property Mgmt Service

Suite, Apt. #, Etc.

37 Mentor Drive

City

Naples FL 34110

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Susan L. Thompson

REGISTERED AGENT MUST SIGN

Date 10/31/03

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)(i), 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:

Susan L. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)