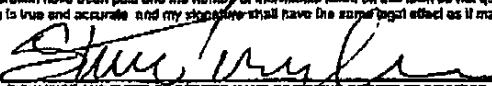


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N01000006868					
1. Corporation Name CASA DE VIDA HOMEOWNER'S ASSOCIATION, INC.					
2. Principal Office Address 5133 Castello Drive Suite Apt # etc Suite 100 City & State Naples, FL Zip 34103		3. Mailing Office Address P.O. Box 8786 Suite Apt #, etc City & State Naples, FL Zip 34101		4. Date Incorporated or Qualifed To Do Business in Florida 09/25/2001	
Country USA		Country USA		5. FBI Number 20-2912193 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				55.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Cohan & Grigsby, P.C.					
Street Address (P.O. Box Number is Not Acceptable) 27200 Riverview Center Blvd.					
Suite Apt #, Etc Suite 309					
City Bonita Springs				State FL	Zip Code 34134
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  Date 5/27/05 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P/D/S/T	Steven Loveless	5133 Castello Drive Suite 100		Naples, FL 34103	
V/D	Lisa Ware	5133 Castello Drive Suite 100		Naples, FL 34103	
D	Petilo Jones	5133 Castello Drive Suite 100		Naples, FL 34103	
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 under section 119.07(2)(D) 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: 				6/7/05 239 439 8800	
SIGNATURES AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR				Date Daytime Phone #	

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : T20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

CASA DE VIDA HOMEOWNER'S ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
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