FILED
05 JUN -8 PM 2:13
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.

REINSTATEMENT 02-05

2. Principal Office Address		3. Mailing Office Address	
5133 Castello Drive		P.O. Box 8786	
Suite Apt # etc		Suite Apt #, etc	
Suite 100			
City & State		City & State	
Naples, FL		Naples, FL	
Zip	Country	Zip	Country
34103	USA	34101	USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/25/2001

5. FEI Number: 20-2912193 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Cohen & 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: _____ (REGISTERED AGENT MUST SIGN) Date: 5/27/05

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(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: _____ 6/7/05 239-439-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER 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 : I20000000195
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Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

CASA DE VIDA HOMEOWNER'S ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$420.00