

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO1299**

1. Corporation Name

**Executive Court of Cape Coral
Condominium Association, Inc.**

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

2811 SE 15th Place

Suite, Apt. #, etc.

Unit 201

City & State

Cape Coral, FL

Zip

33904

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Unit 201

City & State

Cape Coral, FL

Zip

33904

Country

USA

7. Name and Address of Current Registered Agent

Name

Sheila Koberski

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

2811 SE 15th Pl

Suite, Apt. #, Etc.

201

City

Cape Coral

State

FL

Zip Code

33904

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

Sheila Koberski
REGISTERED AGENT MUST SIGN

Date

July 5, 2007

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
P/v/D	Sheila Koberski	2811 SE 15 th Place Unit 201	Cape Coral, FL 33904
T/s/D	Christie Pitre	4050 S. Lockwood Ridge Rd	Sarasota, FL 34231
D	Claire Matamis	1515 SE 21 st	Cape Coral, FL 33990

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 contained in Chapter 119, 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:

Christie Pitre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/07
Date

(941) 526-8055
Daytime Phone #

07 JUL 11 11 50
TALLAHASSEE FLORIDA

300105938889
07/11/07--01049--004 **1531.25

REINSTATEMENT 1986-2007

**4. Date Incorporated or Qualified
To Do Business in Florida**

February 8, 1984

5. FEI Number

59-2800835

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

1 \$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.