

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 OCT 31 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N02000001483

**1. Corporation Name**

Porta Vecchio I at Mediterra Condo Assoc Inc

**2. Principal Office Address**

8359 Beacon Blvd, Suite 213  
Ft Myers, FL 33907

**City & State**

**Zip**

**Country**

**3. Mailing Office Address**

Suite 21301 S Tamiami Trail  
Suite 320, PMB 335

**City &** Estero, FL 33928

**Zip**

**Country**

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

3/1/02

**5. FEI Number**

04-3748168

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Ken Hayden

**Street**

21301 S Tamiami Trail

**Suite**

Suite 320 PMB 335

**City**

Estero, FL 33928

**State**  
FL

**Zip Code**

**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** 10-23-06

**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	Kenneth Mills	16985 Porta Vecchio Way, #201	Naples FL 34110
VP	John Saia	16985 Porta Vecchio Way, #202	Naples FL 34110
S/T	Michael Hennessy	16985 Porta Vecchio Way, #102	Naples, FL 34110
AS	Ken Hayden	21301 S Tamiami Trail	Estero FL 33928

**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:**

Ken Hayden

10-23-06 239-489-4890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #