

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Marina at Factory Bay Association, Inc.

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

1081 Bald Eagle Drive

Suite, Apt. #, etc.

City & State

Marco Island, Florida

Zip

34145

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

James Curland

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

3930 Deer Crossing Court #206

Suite, Apt. #, Etc.

City

Naples,

State

FL

Zip Code

34114

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

2/8/07

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	Steve Rudolph	1083 N. Collier Blvd. #223	Marco Island, Florida 34145
VP	David Piper, Sr.	8503 Bellagio Drive	Naples, Florida 34114
VP	Robert J. Garraty	30 Anchor Court	Marco Island, Florida 34145
T	James Curland	3930 Deer Crossing Court #206	Naples, Florida 34114
S	Diane G. Chestnut	133 Vintage Bay Drive #18	Marco Island, Florida 34145

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Steve Rudolph, Pres*

2/14/2007

(239) 571-4452

FILED

2007 FEB 19 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

6-17-2002

5. FEI Number

010666956

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$3.75 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.