

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 JUL 15 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 002000005153

1. Corporation Name

BONITA 2001 CONDOMINIUM ASSOCIATION, INC.

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

9201 Brookwood Ct., #7

Suite, Apt. #, etc.

3. Mailing Office Address

9201 Brookwood Ct., #7

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

Zip

34135

Country

LEE

City & State

BONITA SPRINGS, FL

Zip

34135

Country

LEE

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business In Florida

07/05/2002

5. FEI Number

412011631

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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.

7. Name and Address of Current Registered Agent

Name

William Gutierrez Jr.

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

9201 Brookwood Ct #7

Suite, Apt. #, Etc.

City

BONITA SPRINGS, FL

State

FL

Zip Code

34135

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

William Gutierrez Jr.

REGISTERED AGENT MUST SIGN

Date

6/3/2009

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/D	William Gutierrez, Jr.	9201 Brookwood Ct #7 Bonita Springs, FL 34135	
V/D	Julie Spear	9201 Brookwood Ct #7 Bonita Springs, FL 34135	00158494991 07/05/99-01003--003 **\$12.50
S/D	Alfonso Medina Daniel	9201 Brookwood Ct #3 Bonita Springs, FL 34135	

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:

William Gutierrez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/3/09 (239) 992-0740

Daytime Phone #

a Mched JUL 15 2009