

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -5 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO2000007553

1. Corporation Name

Veranda V at Cedar Hammock
Association, Inc.

900075205149
05/24/06--01026--010 **245.00

CR2E081 (12/05)

2. Principal Office Address

Tropical Isles
MANAGEMENT SERVICES, INC.
12734 Kenwood Ln., Suite 49
Ft. Myers, FL 33907

3. Mailing Office Address

Tropical Isles
MANAGEMENT SERVICES, INC.
12734 Kenwood Ln., Suite 49
Ft. Myers, FL 33907

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

9/30/2002

5. FEI Number

74-3102678

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

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

Suite, Apt. #, Etc.

City

Tropical Isles
MANAGEMENT SERVICES, INC.
12734 Kenwood Ln., Suite 49
Ft. Myers, FL 33907

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

Don Redding

Date 4/26/06

REGISTERED AGENT MUST SIGN

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	John Fallon	3850 Sawgrass Way #2711	Naples, FL 34112
VP	Robert Gerolamo	3840 Sawgrass Way #2823	Naples, FL 34112
Treas	Mary Gannon	3840 Sawgrass Way #2826	Naples, FL 34112
ASM	Don Redding	12734 Kenwood Ln. #49	Ft. Myers, FL 33907

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:

Don Redding

Date

4/26/06

Daytime Phone #



page 202

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

April 27, 2006

To Whom It May Concern:

We are asking to have the non-profit corporation reinstatement fee waived due to the fact that the notice was not sent to the responsible principals. The renewal notice and the dissolution notice were mailed to the attorney for US Homes Corporation. The condominium association was not forwarded this information in order to act upon it. Enclosed you will find a check for \$245 to cover the cost of the Annual Report Fee from 2003 – 2006.

Best Regards,

Don Roedding, CAM
Association Manager