

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 APR 27 AM 8:47

DOCUMENT # N03000004616

1. Corporation Name

Thornberry II of Legends Condominium Association, Inc.

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

27180 Bay Landing Drive

3. Mailing Office Address

27180 Bay Landing Drive

Suite, Apt. #, etc.

Suite 4

Suite, Apt. #, etc.

Suite 4

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34135

Country

U.S.

Zip

34135

Country

U.S.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
05/22/2003

5. FEI Number

651235676

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
NO

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sterling Property Services LLC

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

27180 Bay Landing Drive

Suite, Apt. #, Etc.

Suite 4

City

Bonita Springs

State

FL

Zip Code

34135

300272249033
04/27/15--01003--020 **236.25

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 4/21/15

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
DP	Paul Schmaeling	27180 Bay Landing Drive, Suite 4	Bonita Springs, FL 34135
VP	Christopher Cassilly	27180 Bay Landing Drive, Suite 4	Bonita Springs, FL 34135
DST	Mike Dolan	27180 Bay Landing Drive, Suite 4	Bonita Springs, FL 34135

2014
REINSTATEMENT - 2015

10. E-mail Address: info@sterlingpropertyfl.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Paul Schmaeling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-15

239-947-4552

Daytime Phone #