PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # ND3/21 1. Corporation Name BELLE MER VILLAS HOMEDWINELS ASSO 15555 ROYAL FERN LN N NAPLES, FL 34110 US

3. Mailing Office Address

FILED 01 APR 12 PM 2: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.			
		City & State		4. Date Incorporated or Qualified To Do Business in Florida 5/16/84	
		Sily d State		5. FEI Number Applied For	
Zip	Country	Zip	Country	<u> </u>	Not Applicable
		7. Name	and Address of Current R	CERTIFICATE OF STATUS DESIRED [for a Certificate of Status
N	M. S. OBERTING			-04/23/0101005031 ****306.25 ****366.25	
	Street Address (P.O. Box Nymber is Not Acceptable) 15555 ROYAL FERN LA A DEPARTMENT O 7 - O				
S	uite, Apt. #, Etc.		1 de	at has the state of the state o	1.5

8. I, being appointed the d 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

2. Principal Office Address

City NAPLES

REGISTERED AGENT MUST SIGN

State

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Titles City / State / Zip Officer and/or Director 15555 ROYAL FERN LN N M.S. OBERTING NAPUES, FL 34110 LARRY DETZEZ 15505 ROYAL FERN LN N NAPLES, R 34110 15527 BOYDE REAN LN N NAPLES, FL 34110 MIKE INSTANCE 15501 KOYAL FERN LN N - BURNESON MIKE METAC 15553 ROYAL FERN LAN NAPLES, R 34110

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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

Pape 242

BELLE MER HOMEOWNER'S ASSOCIATION 15555 ROYAL FERN LANE NORTH NAPLES, FL 34110 941-592-0769 FAX: 941-513-9870

April 9, 2001

Department of Corporations P O Box 6327 Tallahassee, FL 32314

Recently we terminated our professional manager. In checking on our Uniform Business Report we found that our Homeowner's Corporation has been dissolved in 1997. We found that our 1997 Uniform Business Report was returned to the Division of Corporations as undeliverable by the U S Post Office and is so noted in our file.

We are requesting re-instatement and a one-time exemption to the reinstatement fees. When we talked with the Division of Corporations, Kathy said the total fees due would be \$306.25. A check for that amount is included.

Thank you very much for your consideration. If you have any questions you may contact us at the above address or phone.

Sincerely.

M. S. "Chuck" Oberting

President

Belle Mer Homeowner's Association