

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 APR 27 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000003500

1. Corporation Name

Laurel Greens Condominium Association W,
inc.

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

15275 Collier Blvd.

Suite, Apt. #, etc.

#201, PMB 576

City & State

Naples, FL

Zip

34119

Country

United States

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

562454179

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

Richard D. DeBoest - Goede, Adamczyk, & DeBoest P.A.C.

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

2030 McGregor Blvd.

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33901

100272267331
04/27/15--01041--005 **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

Date 5/15/15

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 Hoogendam	2180 West SR 434 Ste 5000	Longwood, FL 32779
S	Gerald Capobianco	2180 West SR 434 Ste 5000	Longwood, FL 32779
T	Robert Burke	2180 West SR 434 Ste 5000	Longwood, FL 32779
REINSTATEMENT			
APR 27 2015			
R. HUNT			

10. E-mail Address: rdeboest@gadelaw.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-15 239 641/1400