

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2014 SEP 30 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000005984

1. Corporation Name

Park East Place Condominium Association, Inc.

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

5239 Golden Gate Parkway

Suite, Apt. #, etc.

3. Mailing Office Address

5239 Golden Gate Parkway

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34116

Country

USA

Zip

34116

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
6/15/2004

5. FEI Number

262461405

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

Goede, Adamczyk & DeBoest, PLLC

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

8950 Fontana Del Sol Way

Suite, Apt. #, Etc.

Suite 100

City

Naples

State

FL

Zip Code

34109

400264822384
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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

Chris T. for Goede Adamczyk & DeBoest

Date 9/25/2014

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/D	Victor C. Brown	5239 Golden Gate Parkway	Naples, FL 34116
V/D	Maria Botana	5247 Golden Gate Parkway	Naples, FL 34116
S/T/D	Tonya F. Brown	5239 Golden Gate Parkway	Naples, FL 34116
	REINSTATEMENT		
	2010-2014		

10. E-mail Address: tmax027@aol.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

9/22/14

239-455-9166
Daytime Phone