

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB -1 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO40000006850

1. Corporation Name

Chelsea Plaza Owners Association, Inc.

000088710970
02/19/07--01020--015 **358.75

REINSTATEMENT 05-07 *NOT*

2. Principal Office Address 5501 Pelican Colony Blvd Suite, Apt. #, etc. 1102 City & State Bonita Springs, FL Zip 34134 Country U.S.		3. Mailing Office Address 5501 Pelican Colony Blvd Suite, Apt. #, etc. 1102 City & State Bonita Springs, FL Zip 34134 Country U.S.		4. Date Incorporated or Qualified To Do Business in Florida 07/12/2004	
5. FEI Number 20-8250673				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Teresa Larson	
Street Address (P.O. Box Number is Not Acceptable) 5501 Pelican Colony Blvd	
Suite, Apt. #, Etc. 1102	
City Bonita Springs	State FL
Zip Code 34134	

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 Teresa A. Larson Date 1-18-07
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/S/D	Teresa Larson	5501 Pelican Colony Bl #1102	Bonita Springs, FL 34134
VP/D	Chelsea Larson	5501 Pelican Colony Bl #1102	Bonita Springs, FL 34134
D	Robert E. McGill, III	36008 Emerald Coast Pw #301	Destin, FL 32541

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #