

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000003880

1. Corporation Name

TERRAVERDE 25 CONDOMINIUM ASSOCIATION, INC

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

17100 TERRAVERDE CIRCLE

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

Zip

33908

Country

LEE

3. Mailing Office Address

3364 CLEVELAND AVE.

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

Zip

33901

Country

LEE

7. Name and Address of Current Registered Agent

Name

KENNETH D. RAGER

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

C/O CAPITAL PROPERTIES

Suite, Apt. #, Etc.

3364 CLEVELAND AVE.

City

FORT MYERS, FL

State

FL

Zip Code

33901

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

5/15/09

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 | FRANCIS MEYERS | 17100 TERRAVERDE CIRCLE #5 | FORT MYERS, FL 33908 |
| VP | WILLIAM WEIGEL | 17100 TERRAVERDE CIRCLE #7 | FORT MYERS, FL 33908 |
| VP | RONALD O'CONNOR | 17100 TERRAVERDE CIRCLE #10 | FORT MYERS, FL 33908 |
| SEC | ELLEM SPIEZIO | 17100 TERRAVERDE CIRCLE #2 | FORT MYERS, FL 33908 |
| TREAS | JANEZ DEJAK | 17100 TERRAVERDE CIRCLE #1 | FORT MYERS, FL 33908 |
| | | | |

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 contained in Chapter 119, 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 #

Ronald J. O'Connor

5/16/09

239 450 1377

FILED

09 JUN -9 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200156944722
06/09/09--01029--009 **245.00

REINSTATEMENT 06-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-2939585

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.