

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N05000006698**

1. Corporation Name

**The Egnet Condominium Association
of Bonita Springs, Inc..**

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

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**Alliant Property Management, LLC
6719 Winkler Road, Suite 200
Fort Myers, FL 33919**

Zip

Country

Zip

Country

7. Name and Address of Current Registered Agent

Name

Street Address (F

Suite, Apt. #, Etc.

City

**Alliant Property Management, LLC
6719 Winkler Road, Suite 200
Fort Myers, FL 33919**

State
FL

Zip Code

4. Date Incorporated or Qualified
To Do Business in Florida

7-13-05

5. FEI Number

59-1512167

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.

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

Michelle Strohn, Agent
REGISTERED AGENT MUST SIGN

Date

4-20-07

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	Gloria McMahon	1700 Rosamond	Michigan City IN 46360
T	David Tranquilla	28742 Megan Dr.	Bonita Springs, FL 34135
S	Sue Dahlstrom	26340 Hickory Blvd #402	Bonita Springs FL 34134
D	Sheila Pedisich	28356 Creek Branch Ln	Bonita Springs FL 34135
D	Lanis Cope	26340 Hickory Blvd #905	Bonita Springs, FL 34135

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:

M. J. Strohn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/07

Daytime Phone #

234-4541111

FILED

07 JUN -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600104526906
06/19/07--01002--015 **175.00

600104526906
06/19/07--01002--016 **122.50

REINSTATEMENT 06-07

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