

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 SEP 28 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000002413

1. Corporation Name

Windsor East Condominium Association, Inc.

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

3675 Broadway St.

Suite, Apt. #, etc

3. Mailing Office Address

3675 Broadway St.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33901

Country

USA

Zip

33901

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/06

5. FEI Number
208396998

☐ 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

Condo & HOA Law Group, PLLC

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

2030 McGregor Blvd.

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33901

800240204408
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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

[Signature] Partner
REGISTERED AGENT MUST SIGN

Date 9/26/12

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
D	Hunt, C. Jack	3675 Broadway St.	Fort Myers, FL 33901
D	Hunt, Scott	3675 Broadway St.	Fort Myers, FL 33901
D	Vaccaro, Louis A.	3675 Broadway St.	Fort Myers, FL 33901

10. E-mail Address: rdeboest@condoandhoalawgroup.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

9/26/12 239 338-2992
Date Daytime Phone #