

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N06000004672**

1. Corporation Name

ITALIA AT TREVISO BAY NEIGHBORHOOD ASSOCIATION, INC.

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

10481 SIX MILE CYPRESS PARKWAY

3. Mailing Office Address

10481 SIX MILE CYPRESS PARKWAY

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33966

Country

USA

Zip

33966

Country

USA

7. Name and Address of Current Registered Agent

Name

CHRISTOPHER J. SHIELDS, ESQ.

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

1833 Hendry Street

Suite, Apt. #, Etc.

City

FORT MYERS

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

Date

4/11/12

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
PD	BURDETT, ANTHONY J.	10481 BEN C. PRATT/SIX MILE CYPRESS PKWY	FORT MYERS, FL 33966
VD	MCMURRAY, DARIN	10481 BEN C. PRATT/SIX MILE CYPRESS PKWY	FORT MYERS, FL 33966
STD	HURST, BRYAN	10481 BEN C. PRATT/SIX MILE CYPRESS PKWY	FORT MYERS, FL 33966
	<b>REINSTATEMENT</b>		<b>S. HAWKES</b>
			APR - 2012
			<b>EXAMINER</b>

10. E-mail Address: Tony.Burdett@lennar.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

Date

4/11/12

Daytime Phone #

FILED  
12 APR 16 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500229150165  
04/16/12--01002--004 \*\*297.50  
CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 04/27/2006

5. FEI Number  
261398798

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status