

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUL 28 PM 3:53
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ND6000008347

1. Corporation Name

Veronica Business Park Condominium
Association, INC

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

7950 Summerlin Lakes Dr

Suite, Apt. #, etc.

2

City & State

Fort Myers, FL

Zip

33907

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

8-7-06

5. FEI Number

☐ 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

Robert Johnston

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

7950 Summerlin Lakes Dr

Suite, Apt. #, Etc.

2

City

Fort Myers

State

FL

Zip Code

33907

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

Robert Johnston

Date 7-26-10

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
D	Robert Johnston	7950 Summerlin Lake Dr.	Fort Myers FL 33907
D	Jeff Jewett	623 Bayside Dr	Fort Myers FL 33919
D	Phil Schwertz	3531 Veronica Shoemaker	Fort Myers FL 33916

10. E-mail Address: Bob.Johnston@Grubb-Ellis.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., 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.

SIGNATURE:

Robert Johnston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-10

Date

239-272-1255

Daytime Phone #

7/28/10