

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -9 PM 12: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000008658

1. Corporation Name

La Galleria Condominium Association, Inc.

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

360 12th Avenue South,

Suite, Apt. #, etc.

3. Mailing Office Address

360 12th Avenue South,

Suite, Apt. #, etc.

City & State

Naples

City & State

Naples

Zip

34102

Country

USA

Zip

34102

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/2006

5. FEI Number

26-4182809

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

Lisa Barnett Van Dien, Esq.

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

Cheffy Passidomo, P.A., 821 Fifth Avenue South,

Suite, Apt. #, Etc.

Suite 201

City

Naples, Florida 34109

State

FL

Zip Code

34102

☒ 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

Date 02/3/2009

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	Jenah Victor Smith	360 12th Avenue South,	Naples, Florida 34102
VD	Susann Miller	340 12th Avenue South	Naples, Florida 34102
STD	Karen Van Arsdale	390 Broad Avenue South	Naples, Florida 34102

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

Jenah Victor Smith

02/3/2009

Date

239-404-5869

Daytime Phone #