

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 DEC -5 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000010327

1. Corporation Name

Arborgate Owners' Association, Inc.

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

5100 Tice Street

Suite, Apt. #, etc.

City & State

Fort Myers

Zip

FL

Country

33905

3. Mailing Office Address

5100 Tice Street

Suite, Apt. #, etc.

City & State

Fort Myers

Zip

FL

Country

33905

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
10/22/2007

5. FET Number

41-2269225

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
No

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas Feurig

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

5100 Tice Street

Suite, Apt. #, etc.

City

Fort Myers

State

FL

Zip Code

33905

DEC - 6 2013

L SELLERS

400254456654

12/05/13--01003--010 **420.00

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

Thomas E. Feurig
REGISTERED AGENT MUST SIGN

Date

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
DP	Thomas Feurig	5100 Tice Street	Fort Myers, FL 33905
DST	Rick Evanchyk	5100 Tice Street	Fort Myers, FL 33905
D	Robert Randall	5100 Tice Street	Fort Myers, FL 33905

REINSTATEMENT 2010-2013

10. E-mail Address: **rickevanchyk@goodwillswfl.org**

(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:

Thomas E. Feurig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #