

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JUN 18 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N08000001891

1. Corporation Name

VANDERBILT LAKES COMMONS ASSOCIATION, INC

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

C/O SMITH & CO., LLP / 27657 OLD 41 ROAD

3. Mailing Office Address

C/O SMITH & CO., LLP / 27657 OLD 41 ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

Zip

34135

Country

US

Zip

34135

Country

US

100182332381

06/18/10--01033--004 \*\*236.25

**REINSTATEMENT**

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4. Date Incorporated or Qualified

To Do Business In Florida 2/25/2008

5. FEI Number

262362485

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

SMITH & CO., LLP

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

27657 OLD 41 ROAD

Suite, Apt. #, Etc.

City

BONITA SPRINGS

State

FL

Zip Code

34135

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 6/16/2010

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
P	BRUCE G FEDOR	2871 WINTHROP CIRCLE	BONITA SPRINGS, FL 34134
VP	ROBERT ROSELLI	28720 BERMUDA BAY WAY	BONITA SPRINGS, FL 34134
T	BRIGITTE VANGUNTEN	28621 STARBOARD PASSAGE WAY	BONITA SPRINGS, FL 34134
S	BRIAN SULLIVAN	28031 WINTHROP CIRCLE	BONITA SPRINGS, FL 34134

10. E-mail Address:

(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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/10

Date

Daytime Phone #