

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 APR 21 AM 11:05

DOCUMENT # N10000004230

1. Corporation Name

Maison du Soleil Condominium Association, Inc.

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

655 8th Ave. S

Suite, Apt. #, etc.

5

City & State

Naples, FL

Zip

34102

Country

USA

3. Mailing Office Address

655 8th Ave. S.

Suite, Apt. #, etc.

5

City & State

Naples, FL

Zip

34102

Country

USA

APR 24 2015

L. SELLERS
CR22001 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
04/28/2010

5. FEI Number

272714187

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Incorp Services, Inc.

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

17888 67th Court North

Suite, Apt. #, Etc.

City

Laxahatchee

State

FL

Zip Code

33470

REINSTATEMENT 2013-2015

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04/21/15--01032--020 ***367.50

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

[Signature] on behalf of Incorp Services, Inc. Date 4/6/15

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	Thomas Cygan	655 8th Ave S, Apt 3	Naples, FL 34102
D	Deb Rogers	655 8th Ave S, Apt 5	Naples, FL 34102
D/V	Julie Harper-Wylie	219 Starr Wood	Hudson, WI 54016
P	Ed Despres	655 8th Ave S, Apt 5	Naples, FL 34102
S/T	Richard Wylie	219 Starr Wood	Hudson, WI 54016

10. E-mail Address: Rickwlaw@aol.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] RICHARD T. WYLIE, SECRETARY

4/3/2015

612-597-6279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone