

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10705

1. Corporation Name

The Association of Port of the
Islands, Inc.

2. Principal Office Address

156 Venus Cay

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples

City & State

Zip

34114

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/1985

5. FEI Number

650355310

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

Kraus & Bailenger PA

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

1072 Goodlette Road

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34102

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

4-6-06

REGISTERED AGENT MUST SIGN

CHERYL R KRAUS

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	Joe Dillon	129 Wilderness Cay	Naples, FL 34114
DVP	Jim Dyer	167 Cays Drive	Naples FL 34114
DS	Sharon Ziko	156 Venus Cay	Naples FL 34114
DT	Julie Ducoffre	108 Newport Cay	Naples FL 34114
D	Janet Bowker	112 Newport Cay	Naples FL 34114
			Naples FL 34114

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

Date

4/6/2006

Daytime Phone #