PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC -2 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11039

1. Corporation Name
The Citadel Condominium Association, Inc.
Citadel Lane
Po Box 2507

2. Principal Office Address	**3.** Mailing Office Address
Citadel Lane	9845 Citadel Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Box 100
City & State	City & State
Bonita Springs FL	Bonita Springs FL
Zip / Country	Zip / Country
34135 / USA	34135 / USA

4. Date Incorporated or Qualified To Do Business in Florida 09/11/1985

5. FEI Number 59-2830286 ☐ 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: R. Floyd Luckey

Street Address (P.O. Box Number is Not Acceptable): 5164 Bonita Beach Road

800043094508
12/01/04--01013--015 **263.75

Suite, Apt. #, Etc.:

City: Bonita Springs | State: FL | Zip Code: 34134

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 11/24/04
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
P/D	R. Floyd Luckey, JR.	Po Box 2472	Bonita Springs FL 34133
VP/TD	Nathan La Corte	1410 Tiffany Lane #2504	Naples, FL 34105
SD	Cammila Campbell	9820 Citadel Lane #105	Bonita Springs FL 34135
S	Barbara Luckey	Po Box 2472	Bonita Springs FL 34135
D	William Purcell	26330 Summer Greens Drive	Bonita Springs FL 34135
D	Sharon Thompson	9845 Citadel Lane #108	Bonita Springs FL 34135

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 under section 119.07(3)(i), 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: _____ 11/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #