

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 AUG 29 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23077

1. Corporation Name

Marenoir Condominium Assoc., Inc.

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

1104 SE 8TH Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 153120

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33990

Country

US

Zip

33915

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0016524

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

Daisy Jamaica

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

1104 SE 8TH STREET

Suite, Apt. #, Etc.

5

City

Cape Coral

State

FL

Zip Code

33990

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Daisy Jamaica

REGISTERED AGENT MUST SIGN

Date

8/22/07

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
President	SCOTT MILLION 1442 WELLINGTON CT CAPE CORAL, FL 33904	1442 WELLINGTON CT CAPE CORAL, FL 33904	CAPE CORAL, FL 33904
Secretary	MARIE-DOSE BLANCO	1104 SE 8 TH STREET # 5	CAPE CORAL, FL 33990
Treasurer	Daisy Jamaica	P.O. Box 151766 (or) 2718 NELSON RD N.	CAPE CORAL, FL 33915
Vice-President	Angel Gonzalez	330 SW 25 TH AVE	CAPE CORAL, FL 33991

REINSTATEMENT

06-07

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:

Daisy Jamaica (Daisy Jamaica)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/07 (239) 878-7494
Date Daytime Phone #