

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR 21 AM 11:21

DOCUMENT # N23630

1. Corporation Name

SUMMERLIN TRACE CONDOMINIUM NO 4  
ASSOCIATION, INC.

W08-13130

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

BCH MANAGEMENT Group

Suite, Apt. #, etc.

1840 Boy Scout Dr, STE B

City & State

Fort MYERS, FL

Zip

33907

Country

LEE

3. Mailing Office Address

BCH MANAGEMENT Group

Suite, Apt. #, etc.

1840 Boy Scout Dr, STE B

City & State

Fort MYER, FL

Zip

33907

Country

LEE

4. Date Incorporated or Qualified  
To Do Business in Florida

11/24/1987

5. FEI Number

650121098

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

DIANA L. MOORE

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

1840 Boy Scout Drive, Suite B

Suite, Apt. #, Etc.

City

Fort MYERS

State

FL

Zip Code

33907

☒ 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

Diana L. Moore

REGISTERED AGENT MUST SIGN

Date 2/28/2008

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
PD	Robert POTT	14461-2 Summerlin Trace Ct.	FT-MYERS, FL 33919
STD	ARTHUR GRTS	14461-8 Summerlin Trace Ct	FT MYERS, FL 33919

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05/07/08 01043 007 \*\*52.50

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:

Robert Pott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/7/08

Daytime Phone #