
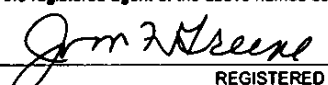



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 MAR 21 AM 11:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N 24129				
1. Corporation Name Golfers View II Condominium Assoc INC of Charlotte County				
2. Principal Office Address 1211 SAXONY Circle		3. Mailing Office Address 100 SULLIVAN ST		
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 112		
City & State Port Charlotte FL		City & State Punta Gorda FL		
Zip 33982	Country USA	Zip 33952	Country USA	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 65-0108793		
		Applied For Not Applicable		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name JOAN F. GREENE				
Street Address (P.O. Box Number is Not Acceptable) 100 SULLIVAN ST				
Suite, Apt. #, Etc. 112				
City Punta Gorda				
State FL		Zip Code 33952		
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 3-10-05		
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	Lois Sauerby	1211 SAXONY Circle B3	Port Charlotte FL 33982	
D	FRANK GUERIN	1211 SAXONY Circle	Port Charlotte FL 33980	
D	George Lauer	1211 SAXONY Circle	Port Charlotte FL 33982	
REINSTATEMENT 03-05				
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: 		Date 3-18-05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>		

CR2E031 (07/05)

3-10-05

ASSOCIATION changed accounting firms.
New firm advised they were delinquent.
They had received no prior notice