

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 18 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30540

1. Corporation Name

OLD DELIGAN BAY VILLAGE, UNIT 3,
CONDOMINIUM ASSOCIATION, INC.

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

12132 SIESTA DR.

Suite, Apt. #, etc

3. Mailing Office Address

SAME

Suite, Apt. #, etc

City & State

FT. MYERS BEACH FL.

City & State

FL.

Zip

33931

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

SYLVIA G. WALKER

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

12132 SIESTA DRIVE

Suite, Apt. #, Etc

City

FORT MYERS BEACH

State

FL

Zip Code

33931

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

Sylvia G. Walker

REGISTERED AGENT MUST SIGN

Date DEC. 15, 2009

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
SECY DIR	SYLVIA G. WALKER	12132 SIESTA DR.	FORT MYERS BEACH FL 33931
PRES. DIR	GUY R. WALKER	" " "	" " " "
DIR	JAMES E. LEWIS	12130 SIESTA DR.	" " " "
DIR	ELEANOR LEWIS	" " "	" " " "

10. E-mail Address: AIRLYSREKLAW@AOL.COM

(To be used for future annual report notification)

11. 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. I further certify 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:

Sylvia G. Walker

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

Dec 15, 2009

Date

Daytime Phone #