Pope 1013

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | <u> </u> | SECKETARY OF LIAIE | | | |
|--|---|---|--|--|--|
| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | O9 SEP 11 AM 9: 07 | | | |
| | Condominium Association, Inc | - - - | | | |
| a not-for-profit corpo | oration | 900160552749 927079097-706 **104 | | | |
| 2. Principal Office Address - No P.O. Box # 4099 N Tamiami Trail #100 | 3. Mailing Office Address | 03/ 10/ 03 - 0100 1 010 4-41 01 | | | |
| Sulte, Apt. #, etc. | Suite, Apt. #, etc. | 4. Date Incorporated or Qualified To Do Business in Florida | | | |
| City & State Naples, Florida | City & State | 8/1//1989 5. FEI Number Applied For | | | |
| ZIp Country 34103 US | Zip Country | N/A Not Applicable 6. CERTIFICATE OF STATUS DESIRED Status 88.75 Additional Fee required for a Certificate of Status | | | |
| 7. Name and Address of | of Current Registered Agent | | | | |
| Namo Treiser & Collins P.L. Street Address (P.O. Box Number is Not Acceptable 3080 Tamiami Trail Fast |) | ☐ 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 | | | |
| Suite, Apt. #, Etc. | | received and requesting the reinstatement fee be waived. | | | |
| ^{City} Naples | State Zip Code FL 34112 | | | | |
| Signature of Registered Agent | ove named corporation, am familiar with and accept the o | bligations of section 607.0505 or 617.0503, F.S. Date | | | |
| 9. Names and Street Addresses of Each Officer an | d/or Director (Florida nonprofit corporations must list at le | east 3 directors) | | | |
| Titles Name of Officers and/or Directors | | r Cay/ State / Zip | | | |
| PD Charlie Gisler | 4099 N. Tamiami Tr. | #100 Naples, FL 34103 | | | |
| TD Mary A. Cone | 4099 N. Tamiami Tr. | #100 Naples, FL 34103 | | | |
| S Robert Guididas | 4099 N. Tamiami Tr. | #100 Naples, FL 34103 | | | |
| | | 9/14/6 | | | |
| | TEVENT GL | \mathcal{O} | | | |
| this reinstatement application, the reason for dis- owed by the corporation have been paid and the | solution has been eliminated, the corporate name satisfies | provided for in chapter 607 or 617, F.S. I further certify that when filing is the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption contained in Chapter 119, F.S. The information indicated or oath. | | | |

SIGNATURE:

page witz

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | RPORAT | | | | Secreta | гу о | ENT OF S f State PORATIONS | TATE | | | |
|--|---------------------------------------|------------|---------------------------|------------------|--|---|--|----------------------------|---------------------------------------|-------------------------|---|
| DOCUMENT # N33797 1. Comporation Name South Trail Commercial Condominium Association, Inc. a not-for-profit corporation | | | | | | | | | | | |
| 2. Principal Office Address - No P.O. Box # 4099 N Tamlami Trail #100 | | | 3. Malling Office Address | | | CR2E081 (12/08) | | | | | |
| Suite, Apt. #, etc. | | | Suffe, Apt. #, etc. | | | 4. Date incorporated or Qualified To Do Business in Florida 8/17/1989 | | | | | |
| Ciya Shab Naples, Florida | | | City & State | | | 5. FEI Numb | | Applied For Not Applicable | | | |
| _{Др} 34103 | 3 | Country | US | Zip | · | Co | untry | | 6. CERTIFICAT | E OF STATUS DESIDED [7] | .75 Additional Fee required for a Certificate of Status |
| 7. Name and Address of Current Registered Agent Name Treiser & Collins P.L. Street Address (P.O. Box Number is Not Acceptable) 3080 Tamiami Trail East Suite, Apt. #, Etc. | | | | | | | 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. | | | | |
| Naples State Zip Code FL 34112 | | | | | | | | | | | |
| Signature of Registered Agent Registered Re | | | | | | | Duta 9-11-09 | | | | |
| 9. Names | and Street Ad | dresses of | Each Officer and | or Director (Fig | orida notipro | rit cor | ponitions must | list at lea | st 3 directors) | | |
| Yilles | ****** | | | | Street Address of Each Officer and for Director | | | | City / Sta | ste / Zip | |
| PD | Charlie Gisler | | | · | 4099 N. Tamiami Tr. | | | Tr. | #100 | Naples, FL | 34103 |
| VP TO | Mary A. Cone | | | | 4099 N. Tamlami Tr. | | | Tr. | #100 | Naples, FL 3 | 4103 |
| s0 | Robert | Guidi | idas | | 4099 | N. | Tamiami | Tr. | #100 | Naples, FL | 34103 |
| · · | · · · · · · · · · · · · · · · · · · · | | | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | , - | . | | | | | |
| (0) 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 filling 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 logal effect as if made under oath. | | | | | | | | | | | |
| SIGNAT | | NATURE AN | ID TYPED OR PRIN | TED NAME OF 8 | IGNING OFF | CER C | OR DIRECTOR | | | -4-2007 (239) | 430- 2500 |

3080 Tamiami, Trail East Naples, Florida 34112 Telephone (239) 649-4900 Fax (239) 649-0823 Internet: www.swflalaw.com

Treiser



Collins

Richard M. Treiser

Thomas A. Collins, II ■ ◆

Christopher J. Cona

Robert A. DeMarco * Bradley S. Donnelly 4

Craig A, Goddy ▲ •

Of Counsel:

James L. Arnold ♣ ₩ ♦

September 9, 2009

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

> Re: South Trail Commercial Condominium Association, Inc. a not-for-profit corporation

Dear Division of Corporations:

Enclosed you will find an original and one (1) copy of the Corporation Reinstatement form for South Trail Commercial Condominium Association, Inc. together with a check in the amount of \$1,041.25 representing the not-for-profit corporation filing and late fees assessed plus \$8.75 for a Certificate of Status.

Once the corporation has been reinstated, please e-mail a copy of the Certificate of Status to my attention at maryjo@swflalaw.com.

Kindly return to my attention the original Certificate of Status and time-stamped copy of the Corporation Reinstatement form in the enclosed a return Fedex envelope to return the original Certificate of Status to us.

If you have any questions, please feel free to contact me. As always, THANK YOU for your assistance.

Very truly yours, Per conversation with mi.

Endy Dunlap on 9/11/09 TREISER COLLINS Ms. Mary do Nosciechowski can
the A copy of registed agent Mary Jo Wojciechowski, PLS, FRP Paralegal to Thomas A. Collins II, Esquire e-mail:maryjo @swflalaw.com **Enclosures**