

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

07 JUL -2 PM 1:13

DOCUMENT # 034157

1. Corporation Name

Brantley Commons Condominium Association, Inc.

REINSTATEMENT

05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
1537 Brantley Road

3. Mailing Office Address
1537 Brantley Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Myers, FL

City & State
Fort Myers, FL

Zip
33907

Country
USA

Zip
33907

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 09/11/1989

5. FEI Number
59-2013100

Applied For
Not Applicable

6.

Please send
confirmation to:
Richard M. Jones
163 10th Ave. S.
Naples, FL 34102
Thank you,
R. M. Jones
239-262-5460

7. Name and Address of Current Registered Agent

Name
Christopher B. Hoek

Street Address (P.O. Box Number is Not Acceptable)
1937 Brantley Road

Suite, Apt. #, Etc.

City
Fort Myers, FL

State
FL

Zip Code
33907

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept th

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list a

Titles	Name of Officers and/or Directors	Street Address of E Officer and/or Dire	
PD	Stephen F. Anderson	1937 Brantley Road	Fort Myers, FL 33907
SD	Christopher B. Hoek	1537 Brantley Road	Fort Myers, FL 33907
D	DKJ Metz	1775 Auburn	Naperville, IL 60565
D	Paul Anderson	1537 Brantley Road #3	Fort Myers, FL 33907

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/21/07 633-945-7183