PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOC	UMENT	- #
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N36116

1. Corporation Name

WIGGINS LAKES & PRESERVE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

R&P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES FL 34104-518

R&P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES FL 34104-518

If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable

New Mailing Office Address, If Applicable

FILED
SEURETARY OF STATE
DIVISION OF CORPORATIONS

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REINSTATEMENT Date Incorporated or Qualified
 To Do Business in Florida 01/11/1990 B Rumber Applied For

36-3716958 Not Applicable

341	34 Country SA 3413	34 Country	SA.	CERTIFICATE	OF STATUS DESIRED 🔲	\$8.75 Additional for a Certificate	
7. Names a	and Street Addresses of Each Officer and/or Director (Flo	rida nonprofit corporat	tions must list at least 3	directors)			
Title(s)	Name of Officers and/or Directors 2	Stre	eet Address of Each icer and/or Director		City	/ / State / Zip	
D VP-	BOULANGER, HENRY	675 WIGGINS LA			NAPLES FL 34110		
D	CRANCEY, WALTER-	757 WIGGINS L	AKE DR#201	+ OR HIOZ	NAPLES FL 34110	<u> </u>	34110
DA6 96—	RICHARD, PATRICIA 5 E A UNE COLLINS	680 WIGHE	JINS FYKE AKE DR 4301	De#105	NAPLES EL 34110 NAPLES,	F1 341	<i>1</i> . <i>d</i>
D	CLEARY, DICK 1307ZUNG, Lan	781 WIGGINS U		DRZOG	NAPLES FL 34110	5, F1 34	DILE
. Ds	SPERBER, SID ROBINSON, DANIO	675 Wig	AKE DR. #204	EDR #	NAPLES EL 34110	TES FI	34//
DQ WP	MCDERMITT, FRANK EATON, HAL		19gens Lat	w DR.	NAPLES FL 34110	PLES F	341/
	8. Name and Address of Current Registered Ag	eile 4	Name / · /	. Name and A		ion Chour	. 1

SAMEUCE, ROBERT SWALM, MURRELL & SAMEUCE 2375 TAMIAMI TRAIL N. SUITE 308 NAPLES FL 34103

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505 F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

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 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/00 (941) 513-