

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2015



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 AUG 11 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37062

1. Corporation Name

Kelly Greens Manor Condominium VI Association, Inc.

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

12858 Banyan Creek Dr.

Suite, Apt. #, etc.

#102

City & State

Fort Myers, FL

Zip

33908

Country

USA

3. Mailing Office Address

12858 Banyan Creek Dr.

Suite, Apt. #, etc.

#102

City & State

Fort Myers, FL

Zip

33908

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1990

5. FEI Number

650182724

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

PRO-CAM of SWFL

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

12858 Banyan Creek Dr.

Suite, Apt. #, Etc.

#102

City

Fort Myers, FL

State

FL

Zip Code

33908

CC3556907902
05/01/15 80029 020 \$61.25

300275778473
08/05/15--01016--015 **175.00

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

Marys A. Smith
REGISTERED AGENT MUST SIGN

Date 7/24/15

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
P	Robert Reese	16500 Kelly Cone Dr # 2863	Fort Myers FL 33908
VP	Robert Dulebohn	16500 Kelly Cone Dr # 2870	Fort Myers FL 33908
T	Fred Kutteroff	16500 Kelly Cone Dr # 2888	Fort Myers FL 33908
D	Chuck Adams	16500 Kelly Cone Dr # 2865	Fort Myers FL 33908
S	JAMES O'Connor	16500 Kelly Cone Dr # 2890	Fort Myers FL 33908

10. E-mail Address: marys@pro-cam-swfl.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Robert Reese, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/15

Date

239 267 26 26

Daytime Phone #

K. ASHTON