

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 FEB 19 PM 3: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N37810*

1. Corporation Name

Collier Health Park Owners' Association, Inc.

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

One Appleton Street

Suite, Apt. #, etc.

City & State

Boston, MA

Zip

02116

Country

USA

3. Mailing Office Address

One Appleton Street

Suite, Apt. #, etc.

City & State

Boston, MA

Zip

02116

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/23/1990

5. FEI Number

65-0186932

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Davis Marcus Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)
333 3rd Avenue North, Suite 400

Suite, Apt. #, Etc.
Suite 400

City

St. Petersburg

State

FL

Zip Code

33701

☒ 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

Date *2/15/08*

REGISTERED AGENT MUST SIGN

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
	see attached list		

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

Paul R. Marcus, Secretary

Date

2/15/08

617-451-1300

Daytime Phone #

**Collier Health Park Owners' Association, Inc.
Officer and Directors**

President: Jonathan G. Davis
c/o Davis Marcus Partners
One Appleton Street
Boston, MA 02116

Secretary: Paul R. Marcus
c/o Davis Marcus Partners
One Appleton Street
Boston, MA 02116

Treasurer: David Hooke
c/o Davis Marcus Partners
One Appleton Street
Boston, MA 02116

Directors: Jonathan G. Davis
c/o Davis Marcus Partners
One Appleton Street
Boston, MA 02116

Paul R. Marcus
c/o Davis Marcus Partners
One Appleton Street
Boston, MA 02116

David Hooke
c/o Davis Marcus Partners
One Appleton Street
Boston, MA 02116

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

COLLIER HEALTH PARK OWNERS' ASSOCIATION, INC.

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