

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 JUL 11 AM 7:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # * N40915

1. Corporation Name
PHOENICIAN SANDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

**9155 GULF SHORE DR.
 NAPLES, FL 33963**

**c/o Gulf Coast Property Mgmt.
 9240 Bonita Beach Rd., #2217
 Bonita Springs, FL 33923**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 9155 GULF SHORE DR. Suite, Apt. #, etc.	3. New Mailing Office Address, if Applicable c/o Gulf Coast Property Mgmt. 9240 Bonita Beach Rd., #2217 Suite, Apt. #, etc.
City & State NAPLES, FL	City & State Bonita Springs, FL
Zip 34108	Country USA
Zip 34135	Country USA

4. Date Incorporated or Qualified To Do Business in Florida January 1991		
5. FEI Number 65-0240959	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	CAROLYN BELDEN	9155 Gulfshore Dr., #601	NAPLES, FL 34108
VP/D	MONIKA VAN STONE	9155 Gulfshore Dr., #602	NAPLES, FL 34108
S/T/D	DAVID GIBBONS	207 Carlton Rd.	Unionville, Ontario L3R 3L9 CANADA
			500002238095-5 -07/15/97-010.30-011 ***122.50 ***122.50 46-97 A/B

8. Name and Address of Current Registered Agent

BILL MAYTON
9240 BONITA BEACH RD.
SUITE 2217
BONITA SPRINGS, FL 33923

9. Name and Address of New Registered Agent

Name
BERNARD M. LEGENSKI
 Street Address (P.O. Box Number is Not Acceptable)
9240 BONITA BEACH RD.
 Suite, Apt. #, Etc.
SUITE 2217
 City
BONITA SPRINGS State **FL** Zip Code **34135**

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: *[Signature]* Date: **6/5/97**
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

12. 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.

CAROLYN E. BELDEN
[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **6/5/97** Daytime Phone #: **941-592-7996**

CR2E040 (12/96)