

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

02 MAY 22 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 43709

1. Corporation Name

100 WA Peninsula Condominium  
Association, Inc

600005692726--6  
-06/05/02--01057--014  
\*\*\*\*236.25 \*\*\*\*236.25

2. Principal Office Address

12636 Tamiami Trail East

3. Mailing Office Address

12636 Tamiami Trail East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34113

Country

Collier

Zip

34113

Country

Collier

**REINSTATEMENT** 01-02

4. Date Incorporated or Qualified  
To Do Business in Florida

5/31/91

5. FEI Number

65-0270173

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

Collier Association Management

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

12636 Tamiami Trail East

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34113

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

*Keith Joseph*

REGISTERED AGENT MUST SIGN

Date 4/30/02

**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
PD	Peter Flynn	124 WA Peninsula Blvd	Naples, FL 34113
VD	Jerry Robinson	109 WA Peninsula Blvd	Naples, FL 34113
TD	Chuck Jennings	105 WA Peninsula Blvd.	Naples, FL 34113

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 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.

SIGNATURE:

*Keith Joseph* Trustee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

941-793-1643

Daytime Phone #

CR2E081 (9/01)

nc 4/4/02

**COLLIER ASSOCIATION MANAGEMENT, INC.**

**12636 TAMiami TRAIL EAST**

**NAPLES, FL. 34113**

**PHONE:941-793-1643**

**FAX:941-793-0691**

**April 25, 2002**

**Division of Corporations**

**Uniform Business Report Filings**

**P. O. Box 1500**

**Tallahassee, FL 32302-1500**

**To Whom It May Concern**

**Please correct the mailing address for "100 La Peninsula Condominium Association" to:**

**100 La Peninsula Condominium Association  
% Collier Association Management  
12636 Tamiami Trail E  
Naples, FL 34113**

**Sincerely,**



**Keith Tompkins**

**Vice-President**

**Collier Association Management**