

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 29 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44719

1. Corporation Name

Fifth Avenue South Association, Inc.

REINSTATEMENT 00-03

200017278152
04/29/03--01028--024 **420.00

2. Principal Office Address

649 Fifth Avenue South

Suite, Apt. #, etc.

City & State

Naples, Fl.

Zip

34102

Country

USA

3. Mailing Office Address

649 Fifth Avenue South

Suite, Apt. #, etc.

City & State

Naples, Fl.

Zip

34102

Country

USA

4. Date incorporated or Qualified To Do Business in Florida

8/14/91

5. FEI Number

65-0522879

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

David Wakeland

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

1929 Imperial Golf Course Blvd.

Suite, Apt. #, Etc.

City

Naples

State
FL

Zip Code
34110

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

David Wakeland

REGISTERED AGENT MUST SIGN

Date

4/22/01

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	Gloria Kovacs	720 Fifth Avenue So.	Naples, Fl. 34102
D	Christine Buol	616 Fifth Avenue So.	Naples, Fl. 34102
D	Beth Ressler	555 Fifth Avenue So.	Naples, Fl. 34102
VP	Huguette Nelson	5084 Napoli dr.	Naples, Fl.
D	Sal Tenaglia	824 Fifth Avenue So.	Naples, Fl. 34102
D	David Walker	5628 Strand Blvd #B-5	Naples, Fl.

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:

David Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/22/03

Daytime Phone #

CR2E081 (10/02)

gt 4/30