

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 7:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # * *N49243*

1. Corporation Name

GREENBRIAR II AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4130 BAYHEAD DR.
 BONITA SPRINGS, FL 33923**

**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

4130 BAYHEAD DR.

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

Zip
34134

Country

USA

3. New Mailing Office Address, if Applicable

c/o Gulf Coast Property Mgmt.

Suite, Apt. #, etc.

9240 Bonita Beach Rd., #2217

City & State

Bonita Springs, FL

Zip

34135

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

6-04-1992

5. FEI Number

65-0405887

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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	GENE CLAYTON	4130 BAYHEAD DR., #306	BONITA SPRINGS, FL 34134
VP/D	DEAN HANSELL	302 S. MANSFIELD AVE.	LOS ANGELES, CA 90036
S/T/D	JOHN D. HUSSER	4130 BAYHEAD DR., #302	BONITA SPRINGS, FL 34134
			000002230100-0 -07/15/97--01033--004 ***122.50 ***122.50

REINSTATEMENT 96-97

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 permitted)
9240 BONITA BEACH RD. -07/15/97--01033--005
 Suite, Apt. #, Etc. **SUITE 2217** *****175.00 ***175.00**
 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

Gene Clayton
 REGISTERED AGENT MUST SIGN

Date **6/6/97**

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

(See other side for information on intangible tax.)

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gene Clayton
GENE CLAYTON

(PRESIDENT) **6/6/97** **941-495-9768**

Date

Daytime Phone #

CPRE040 (12/96)