


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS
W05090042642

DOCUMENT # N93000002260

1. Corporation Name
~~SEASIDE COUNTRY~~ HOTEL/MOTEL ASSOCIATION, INC.
NAPLES AREA

2. Principal Office Address
5271 Berkeley Drive
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 8282
Suite, Apt. #, etc.

City & State
Naples, Florida

City & State
Naples, Florida

Zip
34112

Country
USA

Zip
34101

Country
USA

FILED

05 SEP 29 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts SEP 29 2005
CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida
May 17, 1993

5. FEI Number
650424842

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
Ms. Karen L. Lannan

Street Address (P.O. Box Number is Not Acceptable)
5271 Berkeley Drive

Suite, Apt. #, Etc.

City
Naples

State
FL

Zip Code
34112

\$542.50
+ 8.75
\$551.25

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
Karen L. Lannan
REGISTERED AGENT MUST SIGN

Date
Sept. 7, 2005

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/D	Joseph DiNunzio	2555 9th Street	Naples, FL 34103
S/T/D	Tom White	3557 Pine Ridge Road	Naples, FL 34109
D	Mac Chaudhry	560 S. Collier Blvd.	Marco Island, FL 34145
D	Ronald Albeit	475 Seagate Drive	Naples, FL 34103
D	Vikki Fritz	12200 Tamiami Tr, N	Naples, FL 34110
D	Clark Hill	5111 Tamiami Tr, N	Naples, FL 34103

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)(f), 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: *Joseph DiNunzio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
9/07/05

Daytime Phone #
239-261-6046

PS 242

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
D	Darren Robertshaw	745 12th Ave., South	Naples, FL 34102
VP/D	Trent Seguin	6400 Dudley Drive	Naples, FL 34105