

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 OCT 12 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004069

1. Corporation Name

GREENBRIER ON THE FAIRWAYS CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

c/o Eric Whitaker

Suite, Apt. #, etc

11408 Quail Village Way C-101

City & State

Naples, FL

Zip

34119

Country

USA

3. Mailing Office Address

c/o Eric Whitaker

Suite, Apt. #, etc

11408 Quail Village Way C-101

City & State

Naples, FL

Zip

34119

Country

USA

REINSTATEMENT 02-1D
CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/1993

5. FEI Number

650437362

☐ 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

Samouce, Murrell & Gal, P.A.

Street Address (P.O. Box Number is Not Acceptable)
5405 Park Central Court

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34109

000186590030
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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

Robert Samouce
REGISTERED AGENT MUST SIGN *President SMO*

Date 10/01/2010

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 | Fergus Rosbotham | 11400 Quail Village Way A-201 | Naples, FL 34119 |
| TD | Judith Zamarro | 11400 Quail Village Way D-201 | Naples, FL 34119 |
| VPD | Teresa Miller | 11408 Quail Village Way C-201 | Naples, FL 34119 |
| SD | Eric Whitaker | 11408 Quail Village Way C-101 | Naples, FL 34119 |
| | | | |
| | | | |

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Fergus Rosbotham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/2010

Date

Daytime Phone # (239) 598-1877