

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 APR 25 PM 3:07
ALLAN S. S. STATE
FLORIDA

DOCUMENT # N94000000855

1. Corporation Name

N.T.T. Lot Owners Association, Inc.

REINSTATEMENT

05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
6908 Erin Marie Ct

3. Mailing Office Address
P.O. Box 61605

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip
33919

Country
US

Zip
33919

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

2/17/1994

5. FEI Number

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
W. Kirk Beck

Street Address (P.O. Box Number is Not Acceptable)
6908 Erin Marie Ct

Suite, Apt. #, Etc.

City
Fort Myers

State
FL

Zip Code
33919

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 J. Mansel

Date

2-17-7

REGISTERED AGENT MUST SIGN

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
DPST	W. Kirk Beck	6908 Erin Marie Ct	Fort Myers, FL 33919
DVP	Ernest W. Weathers	1533 Hendry St, #100	Fort Myers, FL 33901
D	Andrew A. Barnette	4227 Del Prado Blvd.	Cape Coral, FL 33904

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04/23/07--01031--010 **393.75

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 contained in Chapter 119, 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

W. Kirk Beck 2/15/07 (239) 337-1010

Date

Daytime Phone #