

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 16 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/16/09--01028--001 **236.25
CR2E081 (11/09)

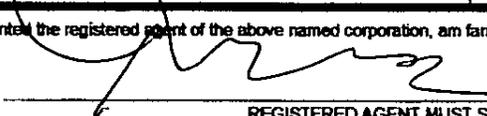
DOCUMENT # N94000001455
1. Corporation Name
MAGNOLIA POINTE SUBDIVISION HOMEOWNERS ASSO INC

2. Principal Office Address - No P.O. Box # 8595 COLLEGE PKWY Suite, Apt. #, etc. STE 350 City & State FT MYERS FL Zip 33919		Country USA		3. Mailing Office Address 8595 COLLEGE PKWY Suite, Apt. #, etc. STE 350 City & State FT MYERS FL Zip 33919		Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 03/21/1994
5. FEI Number 65-0482004 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
CRESHA WEGLARZ
Street Address (P.O. Box Number is Not Acceptable)
12890 MAGNOLIA PTE CT
Suite, Apt. #, Etc.
City
FT MYERS State
FL Zip Code
33919

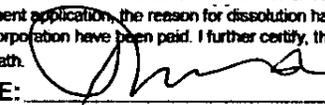
The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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  Date 12/01/2009
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
VP	RICHARD BROWN	10050 MAGNOLIA PTE	FMY FL 33919
TSD	CRESHA WEGLARZ	12890 MAGNOLIA PTE CT	FMY FL 33919
PD	DR IVAN MAZZORANA	12891 MAGNOLIA PTE CT	FMY FL 33919
REINSTATEMENT 			

10. E-mail Address: CEO@JONES@MSN.COM imazzorana@comcast.net
(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:  IVAN MAZZORANA, MD Date 12/8/09 (239) 939-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #