

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 MAY 13 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001597

1. Corporation Name

Fairways At Marco Shores Commons  
Association, Inc.

REINSTATEMENT 03-08  
CR2E081 (12/07)

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

834 Bald Eagle Dr.  
Suite, Apt. #, etc.

3. Mailing Office Address

834 Bald Eagle Dr.  
Suite, Apt. #, etc.

City & State

Marco Island, FL

City & State

Marco Island, FL

Zip

34145

Country

Zip

34145

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/31/1994

5. FEI Number

65-0482098

☐ 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 Robert W. Rosenow

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

610 Resort Management, 834 Bald Eagle Dr.

Suite, Apt. #, Etc.

City

Marco Island

State

FL

Zip Code

34145

☒ 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 W. Rosenow

Date 4/30/08

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
P	Cardinale, Joseph	605 Ashford Drive	Cranberry Twp, PA 16006
S/t	Rafeldt, Bill	1308 Mainsail Dr. #911	Naples, FL 34114
V	Cuffar, Fred	1336 Mainsail Dr. #1211	Naples, FL 34114

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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:

W.F. Rafeldt

4/30/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

205/28