

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 JAN 12 PM 2:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002284**

1. Corporation Name
ARIELLE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 14171 METROPOLIS AVENUE 14171 METROPOLIS AVENUE
 FT MYERS FL 33912 FT MYERS FL 33912



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 05/04/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0511558	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	PICCOLA, A. JOSEPH	951 AQUA LANE	FT MYERS FL 33919
VSD	WINESETT, RICHARD W	1574 PASSAIC AVENUE	FT MYERS FL 33901
VPD	METHENY, MARVIN	2178 MCGREGOR BLVD.	FORT MYERS FL

000003105390--3
 -01/21/00--01001--021
 *****61.25 *****61.25

REINSTATEMENT 99-00 TS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WINESETT, RICHARD W 2248 FIRST STREET FT MYERS FL 33901		Name Street Address (P.O. Box Number is Not Acceptable) 000003105390--3 -01/21/00--01001--022 Suite, Apt. #, Etc. *****236.25 *****236.25 City State Zip Code FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Richard W. Winesett* REGISTERED AGENT MUST SIGN Date 12/2/95

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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 Piccola* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 94/12/28 Daytime Phone # 7373

CR2E040 (8-99)