

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC 30 PM 4:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002815**

1. Corporation Name

FALCON RIDGE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

27 HERITAGE WAY
 NAPLES FL 34110
 US

P. O. BOX ~~420207~~
 NAPLES FL ~~34110~~
 US

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

P.O. Box 110207

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34108

REINSTATEMENT 1999

4. Date Incorporated or Qualified To Do Business in Florida

06/06/1994

5. FEI Number

65-0576901

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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
DR DVA	KERESKES, ROBIN	26 HERITAGE WAY	NAPLES FL 34109
DST	HAWK, CAROL	53 HERITAGE WAY	NAPLES FL 34110
DVA DP	JOYCE, AUDREY	28 HERITAGE WAY	NAPLES FL 34110
DST	Lucarelli, Donna	56 Heritage way	Naples, FL 34110
			300003103323-3 -01/19/00--01079--010 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

PAULICH, JOHN R.
 801 ANCHOR RODE DR
 #203
 NAPLES FL 34103

9. Name and Address of New Registered Agent

Name **Robin Kereskes**
 Street Address (P.O. Box Number is Not Acceptable)
26 Heritage Way
 Suite, Apt. #, Etc.
 City **Naples** State **FL** Zip Code **34110**

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

John R. Paulich
 REGISTERED AGENT MUST SIGN

Date **12/27/99**

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:

Robin L. Kereskes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robin L. Kereskes

12/27/99
 Date

941-403-4311
 Daytime Phone #

CR2E040 (8/99)