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 OCT 25 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001003

1. Corporation Name

THE NORTH GROVES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2480 OLD GROVES RD NAPLES FL 33942	C/O SUNRISE PROPERTIES & MGMT CO 9955 TAMIAMI TR N. #2 NAPLES FL 34108 US

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

REINSTATEMENT 990

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/01/1995

5. FEI Number: 65-0567085 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee required for certified copy of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	~~PERRY, RAYMOND~~ KENNETH CAIN	2480 OLD GROVES ROAD	NAPLES FL 34109
D	~~CURRY, JOHN~~ DAVENPORT, HADDON	~~7080 OLEANDER CCCTT DR~~ 2480 OLD GROVES RD	NAPLES FL 34109
VPD	~~AUDETTE, GERVASE~~ TOLAND, LITCHARD	2480 OLD GROVES ROAD	NAPLES FL 34109
VP	KLIMM, ED	2565 OLD GROVES DR, #103	NAPLES FL 34109
SD	SCHAUER, DONALD	2480 OLD GROVES ROAD	NAPLES FL 34109
			100003034201--7 -11/03/99--01075--001 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

~~ANDERSON, DONALD~~
~~9955 TAMIAMI TR N~~
~~SUITE 2~~
~~NAPLES FL 34108~~

9. Name and Address of New Registered Agent

Name: Robert C. Samouce
Street Address (P.O. Box Number is Not Acceptable): 2375 Tamiami Trail N.
Suite, Apt. #, Etc.: Suite 308
City: Naples | State: FL | Zip Code: 34103

CR2E040 (8/99)

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 _____ Date 10/22/99
REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE: H. Kenneth Cain 10/22/99 513-1672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H. KENNETH CAIN

0079174 AF