

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 MAY 11 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002300

1. Corporation Name

Quatro Building Condominium  
Association, Inc.

2. Principal Office Address

2013 Trade Center Way

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34109

Country

Collier

3. Mailing Office Address

2013 Trade Center Way

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34109

Country

Collier

**REINSTATEMENT**

*04-06*

4. Date Incorporated or Qualified  
To Do Business in Florida

5/10/95

5. FEI Number

65-0854070

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

Larry Demmink

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

2013 Trade Center Way

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34109

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

4/26/06

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
Pres	Larry Demmink	1225 Hayes Street	Marne MI 49435
VIP	Larry Demmink	1225 Hayes Street	Marne MI 49435
Treas	Larry Demmink	1225 Hayes Street	Marne MI 49435

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:

*[Signature]*

Larry Demmink

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06

Date

(616) 677-3945

Daytime Phone #

RECEIVED MAY 18 2006