

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 29 AM 10:27

DOCUMENT # N95000004488

1. Corporation Name

CMCC-SOUTH OWNERS' ASSOCIATION, INC.

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

14311 Metropolis Avenue

Suite, Apt. #, etc.

Suite-101

City & State

Fort Myers, FL

Zip

33912

Country

Lee

3. Mailing Office Address

14311 Metropolis Avenue

Suite, Apt. #, etc.

Suite-101

City & State

Fort Myers, FL

Zip

33912

Country

Lee

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

9/20/95

5. FEI Number
65-0609572

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

Bill Ennen

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

14311 Metropolis Avenue

Suite, Apt. #, Etc.

Suite 101

City

Fort Myers

State

FL

Zip Code

33912

☐ 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

Date 4/24/08

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
D P	Bill Ennen	14311 Metropolis Avenue	Fort Myers, FL 33912
D VP	Gary Poliakoff	14311 Metropolis Avenue	Fort Myers, FL 33912
D S/T	Randal Mercer	14311 Metropolis Avenue	Fort Myers, FL 33912

REINSTATEMENT

07-08

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04/29/08--01046--006 **297.50
B 4/30/08

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08 239-454-9154

Date

Daytime Phone #