

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 JAN -6 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000944

1. Corporation Name

Bougainvillea Gardens Condominium Association

W02-34236

2. Principal Office Address

548 11th Avenue, South

3. Mailing Office Address

800 Seagate Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

City & State

Naples, FL

City & State

Naples, FL

Zip

34102

Country

USA

Zip

34103

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1997

5. FEI Number

65-0750968

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

Marita Ott

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

548 11th Avenue, South

Suite, Apt. #, Etc.

City

Naples

State
FL

Zip Code

34103

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

Marita Ott

REGISTERED AGENT MUST SIGN

Date

Nov. 27, 2002

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	Marita Ott <i>D</i>	548 11th Avenue, South	Naples, FL 34103
VP	Donald Forte <i>D</i>	542 11th Avenue, South	Naples, FL 34103
SEC/TR	Mr. Gunther <i>D</i>	536 11th Avenue, South	Naples, FL 34103

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 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:

Marita Ott

MARITA OTT

Date

Nov. 27 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239 403 7229

CR2E081 (9/01)