

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # N96000003961

1. Corporation Name

DESIGN ASSOCIATES OF TRADE CENTER WAY, CONDOMINIUM ASSOCIATION, INC.

97 NOV 14 PM 3:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

1889 TRADE CENTER WAY
NAPLES FL 33940

Mailing Address

1889 TRADE CENTER WAY
NAPLES FL 33940



REINSTATEMENT

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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

4. Date Incorporated or Qualified To Do Business in Florida

07/29/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$6.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CALYORE, MICHAEL	1889 TRADE CENTER WAY	NAPLES FL 33940
STD	KOCH, DEBORAH E	1889 TRADE CENTER WAY	NAPLES FL 33940
D	CALYORE, CHRISTINE J	1889 TRADE CENTER WAY	NAPLES FL 33940
D	KOCH, DOUGLAS D	1889 TRADE CENTER WAY	NAPLES FL 33940

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11/18/97-01046-012

***235.25 ***235.25

8. Name and Address of Current Registered Agent

CRONIN, DENNIS P
1167 THIRD STREET SOUTH
NAPLES FL 33940

9. Name and Address of New Registered Agent

Name *Michael Calyore*
Street Address (P.O. Box Number is Not Acceptable)
1889 Trade Center Way
Suite, Apt. #, Etc.
City *Naples* State **FL** Zip Code *34109*

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

Michael Calyore

REGISTERED AGENT MUST SIGN

Date *Nov 11 1997*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on Intangible tax.)

12. 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: *Michael Calyore* Michael Calyore Nov 11 941-597-1511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)