

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

98-02  
CORPORATION  
RESTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02 APR -4 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000005469**

1. Corporation Name

**Charleston Square Condominium  
Association of Naples, Inc.** W02-1732

2. Principal Office Address

10661 Airport Pulling Rd. N

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 16

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Zip

34109

Country

Collier

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/21/96

5. FEI Number

65-0751476

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

Kraus & Associates

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

1072 Goodlette Road North

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34102

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

REGISTERED AGENT MUST SIGN

Date

4/2/02

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
PTD	Art Canada	10661 Airport Pulling Rd N, #16	Naples, Florida 34109
DS	Rolande Brynjulson	10661 Airport Pulling Rd N, #16	Naples, Florida 34109
<del>D</del>	<del>Ray Betts</del>	<del>10661 Airport Pulling Rd N, #16</del>	<del>Naples, Florida 34109</del>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Arthur Canada* Arthur Canada 2-14-02 941-592-3323

Date

Daytime Phone #

CR2E081 (9/01)