

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 197000002724

1. Corporation Name

ASHTON OAKS at STONEBRIDGE
CONDOMINIUM ASSOCIATION, INC

2. Principal Office Address

P.O. Box 8478

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34101-8478

Country

USA

3. Mailing Office Address

P.O. BOX 8478

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34101-8478

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

05-0756991

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

FILED
04 FEB 12 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300029937203
03/05/04--01012--013 **\$1.25

300029937203
03/05/04--01012--012 **\$175.00

7. Name and Address of Current Registered Agent

Name

MR. SAMUEL ALEX

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

2288 ASHTON OAKS LN.

Suite, Apt. #, Etc.

#203

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

Samuel Alex

REGISTERED AGENT MUST SIGN

Date 1/14/04

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
<u>PD</u>	<u>Richard Hendricks</u>	<u>2304 Ashton Oaks Ln #202</u>	<u>NAPLES, FL 34109</u>
<u>VPD</u>	<u>John T. Barry</u>	<u>2240 Ashton Oaks Ln #101</u>	<u>NAPLES, FL 34109</u>
<u>TD</u>	<u>SAMUEL ALEX</u>	<u>2288 ASHTON OAKS LN #203</u>	<u>NAPLES, FL 34109</u>
<u>D</u>	<u>DANIEL McLEAN</u>	<u>2304 ASHTON OAKS LN #101</u>	<u>NAPLES, FL 34109</u>
<u>D</u>	<u>AL PISTOCCHI</u>	<u>2280 ASHTON OAKS LN #101</u>	<u>NAPLES, FL 34109</u>

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:

Samuel Alex, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/04
Date

239-591-3206
Daytime Phone #

CR2E081 (10/02)