

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1 of 2

01-02
CORPORATION
REINSTATEMENT



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

02 JUL -5 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006343

1. Corporation Name
SAWGRASS AT THE STRAND HOMEOWNERS ASSOC, INC

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-07/10/02--01031--020
****122.50 ****122.50

2. Principal Office Address SAWGRASS AT THE STRAND Suite, Apt. #, etc. COUNTY CLUB PO BOX 110602 City & State NAPLES FL Zip 34110 Country Collier		3. Mailing Office Address SAWGRASS AT THE STRAND Suite, Apt. #, etc. PO BOX 110602 City & State NAPLES FL Zip 34105 Country Collier	
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4. Date Incorporated or Qualified To Do Business in Florida JAN 01 2001	
5. FE# Number 59-3624367	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name K ARTHUR RUBIN EA
Street Address (P.O. Box Number is Not Acceptable) 10001 TAMMAM TR N
Suite, Apt. #, Etc.
City NAPLES FL 34105 State FL Zip Code

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 *[Signature]* Date 3/27/02
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 PRES	RICHARD ROYAL	5819 PERSIMMON WAY N	NAPLES, FL 34110
D TREASURER	ARTHUR RUBIN	10001 TAMMAM TR N	NAPLES FL 34105
D SECRETARY	ARTHUR RUBIN	10001 TAMMAM TR N	NAPLES, FL 34105
D V. PRES	TOMY MENCHELLA	5827 PERSIMMON WAY	NAPLES FL 34110

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]* Date 3/27/02 Daytime Phone # (239) 430-9400 250-0307

CR2E081 (9/01)

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Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

March 25, 2002

RC: 59-362 4307
SAWGRASS AT THE STRAND HOMEOWNERS ASSOC.

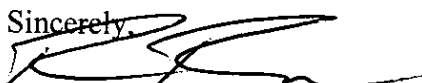
Enclosed is an application for "Corporation Reinstatement," with a fee of \$122.50.

It is our understanding that there was an administrative dissolution on September 21, 2001, for a report was not filed.

We respectfully request for the re-instatement fees to be waived due to the fact that the association never received the reports to file. The developer of the home sites was located at 5675 Strand Court, Naples, FL 34110; however, after the turnover took place, your office apparently did not receive the correct mailing address of the association, which is **PO Box 110602, Naples, FL 34108.**

In anticipation, we thank you for your cooperation.

Sincerely,


Richard Royal,
President and Secretary