

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004038

1. Corporation Name

Corkscrew Estates Association, Inc

2. Principal Office Address - No P.O. Box #
19701 Corkscrew Estates Ct

3. Mailing Office Address
P.O. Box 9438

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ft Myers, FL

City & State
Naples, FL

Zip Country
33913 USA

Zip Country
34110 USA

7. Name and Address of Current Registered Agent

Name
Donna L. Philp

Street Address (P.O. Box Number is Not Acceptable)
19701 Corkscrew Estates Ct

Suite, Apt. #, Etc.

City
Ft Myers, FL

State Zip Code
FL 33913

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

Donna L. Philp

REGISTERED AGENT MUST SIGN

Date 5-11-07

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
PD	John R. Philp	19701 Corkscrew Estates Ct	Ft Myers, FL 33913
SD	Arvo Rahe	19050 Corkscrew Estates Ct	Ft Myers, FL 33913
TD	Darrell E. Mounts	19600 Corkscrew Estates Ct	Ft Myers, FL 33913
	<i>07/12/22</i>		

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 contained in Chapter 119, 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

John R. Philp
JOHN R PHILP

5-11-2007

Date

239-398-1030

Daytime Phone #

FILED

07 MAY 14 PM 4: 09

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *05-07*

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

07-09-1998

5. FEI Number

26-0142119

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.