PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 APR 12 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005003

1. Corporation Name
CAPE HAZE MARINA VILLAGE, PHASE I, SECTION I, HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address	3. Mailing Office Address
6900 PLACIDA ROAD	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ENGLEWOOD, FL	City & State: SAME
Zip: 34224 Country: CHARLOTTE	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 8/26/1998
5. FEI Number: 650911313 — 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

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-04/23/01--01005--035
****297.50 ****297.50

Name: MICHAEL R. McKINLEY
Street Address (P.O. Box Number is Not Acceptable): 18401 MURDOCK CIRCLE
Suite, Apt. #, Etc.:
City: PORT CHARLOTTE State: FL Zip Code: 33948

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: _____ Date: 4/9/01
REGISTERED AGENT MUST SIGN

CR2E081 (8/00)

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	SUE DORSO	8272 HARBORSIDE CIRCLE	ENGLEWOOD, FL 34224
D, V PRES	ANNETTE HERZOG	8288 HARBORSIDE CIR	ENGLEWOOD, FL 34224
D, SEC TRES	GREG LYON	8284 HARBORSIDE CIR	ENGLEWOOD, FL 34224
	REINSTATEMENT 00-01		TS

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: SUE DORSO SUE DORSO 4/5/2001 (941) 698-4285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #