

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR -9 AM 7:25

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

6900 Placida Road

Suite, Apt. #, etc.

City & State

Englewood

Zip

34224

Country

Charlotte

3. Mailing Office Address

6900 Placida Road

Suite, Apt. #, etc.

City & State

Englewood

Zip

34224

Country

Charlotte

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/2001

5. FEI Number

650911313

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Lobeck Hanson & Weis, P.A., c/o Daniel J. Lobeck, Esquire

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

2033 Main Street

Suite, Apt. #, Etc.

403

City

Sarasota

State
FL

Zip Code
34237

000015564060
04/09/03 01076 010 *29.50

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]
REGISTERED AGENT MUST SIGN

Date 3/31/03

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/P	Dorso, Sue	8272 Harborside Circle	Englewood, Florida 34224
D/V/P	Herzog, Annette	8288 Harborside Circle	Englewood, Florida 34224
D/S/T	Lyon, Greg	8284 Harborside Circle	Englewood, Florida 34224

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] (Greg Lyon)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/25/03

Daytime Phone #

941-698-1259

CR2E081 (10/02)