

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 13 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005381

1. Corporation Name

AQUAMARINE CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

c/o Stock Community Services

3. Mailing Office Address

c/o Stock Community Services

Suite, Apt. #, etc.

5692-Strand Court #1

Suite, Apt. #, etc.

5692 Strand Court #1

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34110

Country

USA

Zip

34110

Country

USA

000026889270
01/13/04--01095--002 **297.50

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3469425

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

Name

~~Christian Feldon~~

Stock Community Services, LLC

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

~~3838 Tamiami Trail N.~~ 5692 Strand Ct.

Suite, Apt. #, Etc.

~~Suite 410~~

City

Naples

State

FL

Zip Code

34109 34110

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

Sandy Houlsworth

REGISTERED AGENT MUST SIGN

Date 12/09/03

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	JAMES E. JENKINS	4970 DEERFIELD WAY #204	NAPLES, FL 34110
MD	JOEL W. ARVILLA	1786 TRADE CENTER WAY STE 4	NAPLES, FL 34109
D	CHRISTIAN B. FELDEN	3838 TAMIAMI TRAIL N. STE 416	NAPLES, FL 34103
D	Sandy Houlsworth	5692 Strand Ct.	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:

Sandy Houlsworth SANDY HOULSWORTH

Date

1-6--04

Daytime Phone #

239-592-7844

CR2E081 (10/02)