



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JUN 29 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000000508

1. Corporation Name

MARBELLA PHASE I OWNERS' ASSOCIATION, INC.

2. Principal Office Address

7267 BEE RIDGE ROAD

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34241

Country

USA

3. Mailing Office Address

7267 BEE RIDGE ROAD

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34241

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

JANUARY 25, 1999

5. FEI Number

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

JEFFREY A. GREBE

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

200 SOUTH ORANGE AVENUE

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34236

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

JEFFREY A. GREBE

REGISTERED AGENT MUST SIGN

Date

6/23/05

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
DVPS	DONALD T. REGAN, JR.	7267 BEE RIDGE ROAD	SARASOTA, FL 34241
DP	RICHARD W. REGAN	720 SOUTH CLAYTON STREET	DENVER, CO 80209
DT	RUTH R. REGAN	7267 BEE RIDGE ROAD	SARASOTA, FL 34241

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD T. REGAN, JR.

Date

6/23/05

(941) 343-9888

Daytime Phone #

CR2E081 (01/05)