

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED  
JUL 18 1999

02 JUL 18 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** N99000007128

**1. Corporation Name**

Cambridge Square/Naples Gateway  
Master Association, Inc.

**2. Principal Office Address**

1601 Jackson St.

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

City & State

Zip

33901

Country

Lee

Zip

Country

**4. Date Proposed or Qualified  
To Do Business in Florida**

12/06/1999

**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

John P. White, Esq.

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

Parrish, White, Lawhon & Moore, P.A.

Suite, Apt. #, Etc.

3431 Pineridge Rd., Suite 101

City

Naples

State  
**FL**

Zip Code  
34109

**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

REGISTERED AGENT MUST SIGN

Date 6-17-02

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| DP     | Gerard A. McHale, Jr.                | 1601 Jackson St., Ste. 200                        | Ft. Myers, FL 33901 |
| DST    | R. David Isley                       | 1601 Jackson St., Ste. 200                        | Ft. Myers, FL 33901 |
| D      | Jon Parrish                          | 3431 Pineridge Rd., Ste. 101                      | Naples, FL 34109    |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

**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:**

*Gerard A. McHale, Jr.*

Gerard A. McHale, Jr.

941-337-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #