

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000007128

1. Corporation Name

Cambridge Square/Naples Gateway Master Association

2. Principal Office Address - No P.O. Box #

1601 Jackson Street

Suite, Apt. #, etc.

Suite 200

City & State

Fort Myers, FL

Zip

33901

Country

USA

3. Mailing Office Address

1601 Jackson Street

Suite, Apt. #, etc.

Suite 200

City & State

Fort Myers, FL

Zip

33901

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

December 6, 1999

5. FEI Number

56-2419343

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

Matthew L. Grabinski, Esq.

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

4001 Tamiami Trail North

Suite, Apt. #, Etc.

Suite 300

City

Naples

State

FL

Zip Code

34103

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 8/4/2008

REGISTERED AGENT MUST SIGN

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	Gerard A. McHale, Jr.	1601 Jackson St., #200	Fort Myers, FL 33901
D	R. David Isley	1601 Jackson St., #200	Fort Myers, FL 33901
D	Matthew L. Grabinski, Esq.	4001 Tamiami Trail North, #300	Naples, FL 34103

INTENT TO REINSTATE
03-08

400133997004
08/05/08--01026--004 **105.00
400133997004
08/05/08--01026--005 **446.25

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 contained in Chapter 119, 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:

Matthew L. Grabinski, Esq.

8/4/2008

239-435-3535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #