

PLEASE READ ALL INSTRUCTIONS BEFORE COMPI

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

Jan 14 2000 8:00 am

Secretary of State

DOCUMENT # P94060003481

1. Corporation Name

Lely Mustang Villas Neighborhood Association, Inc.

Principal Place of Business

Mailing Address

1104 N Collier Blvd
Marco Island, FL
34145

1104 N Collier Blvd
Marco Island, FL
34145

REINSTATEMENT

95 - 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65 0459 117

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip Country

Zip Country

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/O	Robert A VIK	8638 Mustang Dr	Naples, FL 34113
VP/O	Vera Orr	8541 Mustang Dr	Naples FL 34113
S/O	Ted Biggs	8522 Mustang Dr	Naples FL 34113
T/O	Holly Balante	8662 Mustang Dr	Naples FL 34113

000003088020-7
-01/04/00--01087--013
***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jamie B. Greusel
1104 North Collier Blvd.
Marco Island, FL 34145

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Jamie B. Greusel
REGISTERED AGENT MUST SIGN

Date 12-22-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

12/23/99

Date

(941) 394-8111

Daytime Phone #

CR2E081 (12/98)