

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 NOV 19 AM 10:13

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # *PA20000095501*

1. Corporation Name

CLIPPER COVE AT BAL HARBOR, INC.

Principal Place of Business	Mailing Address
942 NORTH COLLIER BLVD. MARCO ISLAND, FL 34145	928 NORTH COLLIER BLVD. MARCO ISLAND, FL 34145

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

**REINSTATEMENT** *099*

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/12/98	
City & State		City & State		5. FEI Number	
Zip		Country		59-3586358 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Director	STEVE D. OYER	928 NORTH COLLIER BLVD	MARCO ISLAND, FL 34145
Director	JOSEPH D. BOFF	942 NORTH COLLIER BLVD.	MARCO ISLAND, FL 34145
Director	ROBERT J. GLEASON	<del>4629 SW 23rd AVE</del> <del>5700 BARKWOOD COURT</del>	<del>Cape Coral, FL 33914</del> <del>FT. MYERS, FL 33919</del>
			100003063671--5 -12/07/99--01099--017 ***750.00 ***750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JOHN F. STANLEY 2660 AIRPORT ROAD SOUTH NAPLES, FL 34112	Name <b>WILLIAM G. MORRIS</b> Street Address (P.O. Box Number is Not Acceptable) 247 NORTH COLLIER BLVD., SUITE 202 Suite, Apt. #, Etc. City MARCO ISLAND State FL Zip Code 34145

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: *[Signature]* Date: *11-2-99*  
 REGISTERED AGENT MUST SIGN

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)(l), 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]* KE  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2203 (12/98)