

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                                                                                                                                                                                                       |                                                              |                                                                                  |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 766626</b><br>1. Entity Name<br><b>PINE HAVEN CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                       |                                                              | <b>FILED</b><br>05 FEB 11 AM 11:14<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |                                                                              |
| Principal Place of Business<br><b>4306 ARNOLD AVE.</b><br><b>NAPLES, FL 34104 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               | Mailing Address<br><b>P O BOX 110339</b><br><b>NAPLES, FL 34108 US</b>                                                                                                                                                                                |                                                              | <br><b>REINSTATEMENT</b><br>04-05                                                |                                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br><b>Advanced Property Management Service, Inc.</b><br>City & State<br><b>3350 Woods Edge Circle, Ste 104</b><br><b>Bonita Springs, FL 34134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               | 3. Mailing Address<br>Suite, Apt. #, etc.<br><b>Advanced Property Management Service, Inc.</b><br>City & State<br><b>3350 Woods Edge Circle, Ste 104</b><br><b>Bonita Springs, FL 34134</b>                                                           |                                                              |                                                                                  |                                                                              |
| 4. FEI Number<br><b>59-2408799</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                                |                                                              |                                                                                  |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                 |                                                              | <b>100</b>                                                                       |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>KUETER, BEVERLY</b><br><b>4306 ARNOLD AVE.</b><br><b>NAPLES, FL 34104</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               | 7. Name and Address of New Registered Agent<br>Name <b>Advanced Property Mgmt. Svc., Inc.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3350 Woods Edge Circle, Ste. 104</b><br>City <b>Bonita Springs</b> FL Zip Code <b>34134</b> |                                                              |                                                                                  |                                                                              |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <i>Susan L. Thompson</i> <b>SUSAN L. THOMPSON</b> <b>1-25-2005</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                   |                                                                               |                                                                                                                                                                                                                                                       |                                                              |                                                                                  |                                                                              |
| <b>FILE NOW!!! FEE IS \$122.50</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                                                                                                                                                          |                                                              | Make check payable to<br><b>Florida Department of State</b>                      |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               |                                                                                                                                                                                                                                                       | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |                                                                                  |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DS<br>MESSIG, NANCY<br>28201 PINE HAVEN WAY #150<br>BONITA SPRINGS, FL 34135  | <input checked="" type="checkbox"/> Delete                                                                                                                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | DS<br>MARTHA MCOMBS<br>28260 Pine Haven Way #85<br>BONITA SPRINGS, FL 34135      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>COE, FRANK<br>28281 PINE HAVEN WAY #191<br>BONITA SPRINGS, FL 34135     | <input type="checkbox"/> Delete                                                                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | DVPT<br>Joe Mosley<br>10981 Bonita Beach Rd<br>Bonita Springs, FL 34135          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DVPT<br>DAWES, CAROL<br>28260 PINE HAVEN WAY, #88<br>BONITA SPRINGS, FL 34135 | <input type="checkbox"/> Delete                                                                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | D<br>DAWES, CAROL<br>28260 PINE HAVEN WAY-#88<br>BONITA SPRINGS FL 34135         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>VOJTEK, ADAM<br>28260 PINE HAVEN WAY #82<br>BONITA SPRINGS, FL           | <input checked="" type="checkbox"/> Delete                                                                                                                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | D<br>Thomas Brinkmann<br>Schlossborner Weg 6a<br>65510 Idstein, Germany          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>HYDER, RICHARD<br>28181 PINE HAVEN WAY #144<br>BONITA SPRINGS, FL        | <input checked="" type="checkbox"/> Delete                                                                                                                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | 300047634773<br>03/03/05--01004--001 **122.50                                    |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                               | <input type="checkbox"/> Delete                                                                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                              |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                               |                                                                                                                                                                                                                                                       |                                                              |                                                                                  |                                                                              |
| SIGNATURE: <i>Frank J. Coe</i> <b>FRANK J. COE</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                                                                                                                                                                                                       |                                                              |                                                                                  |                                                                              |