

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

98 JUN 19 PM 12:54

Read Instructions on Other Side Before Making Entries
 Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # 767699
 Villanova Colonnade Condominium Sect II
 Association Inc.
 P.O. Box 2507
 Bonita Springs, FL 34133

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.
 TAMPA, FLORIDA

Address

Address

City and State

Zip Code

REINSTATEMENT 94-98
 [Signature]

W98-13285

3. Date incorporated or Qualified To Do Business in Florida
 3/28/83

4. FEI Number
 59-2419861

FEI Number Applied For
 FEI Number Not Applicable

5. \$8.75 Additional Fee required for a Certificate of Status
 CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and/or Director

| 1 Title | 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 and State |
|---------|-------------------------------------|---|---|
| P/O | R.F. Luckey Jr | 5164 Bonita Beach Rd | Bonita Springs, FL 34134 |
| S/T/O | John Nelson | 70 Webster Rd | Braintree Mass |
| V/P/O | Tammy Giannelli | 6916 Whittman | Ft Myers, FL 33919 |
| | | | 900002569139-6 06723798-01042-001 ***481.25 ***481.25 |

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

William Helpin
 9821 Alabama St #2
 Bonita Springs, FL 34135

8. Name and Address of New Registered Agent and/or Office

Name
 RF Luckey Jr
 Street Address (Do NOT Use P.O. Box Number)
 5164 Bonita Beach Rd
 Street Address (Do NOT Use P.O. Box Number)
 City and State
 Bonita Springs FL
 Zip
 34134

9. 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]

REGISTERED AGENT MUST SIGN

Date 6/1/98

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

[Signature]

Date 6/1/98

Daytime Phone #

R. F. Luckey Jr