PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAY -6 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***1200.00 ***1200.00

REINSTATEMENT 00-02

DOCUMENT #

1. Corporation Name
Pond Estates Development Co.
M86186

2. Principal Office Address	3. Mailing Office Address
27657 Old US 41	PO Box 2507
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bonita Springs Fla	City & State: Bonita Springs Fl.
Zip: 33959 Country: USA	Zip: 33959 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6-20-88

5. FEI Number: 65-0062999 ☐ 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: Barry R Hillmyer
Street Address (P.O. Box Number is Not Acceptable): 2400 First St #210
Suite, Apt. #, Etc.:
City: Fort Myers
State: FL Zip Code: 33901

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: [signature] Date: 4/26/02
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PDV	Marcati, Luigi	27854 Hickory Blvd Bonita Springs FL 33923	
UDS	Marcadi, Elfriede	27854 Hickory Blvd Bonita Springs FL 33923	

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 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: ✓ Luigi Marcati 04.28.2002 941-334-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LAW OFFICES OF
BARRY R. HILLMYER, P.A.
ATTORNEY & COUNSELLOR AT LAW

2400 FIRST STREET
POST OFFICE BOX 960
FORT MYERS, FL 33902
(941) 334-6666
FAX 334-7392

May 2, 2002

DEPARTMENT OF STATE
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: POND ESTATES DEVELOPMENT CO.

Gentlemen:

With reference to the above enclosed please find Corporation Reinstatement form together with check in the amount of $1,200.00 for reinstatement fee.

Very truly yours,

Barry R Hillmyer lac

Barry R. Hillmyer

BRH/lac
Encs.
marcati\rollcinaku\dept state.ltr