PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 10 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000002281

REINSTATEMENT 03-04

1. Corporation Name
SPOONBILL COVE AT CARLTON LAKES COMMONS, INC.

06/30/03 90164 1216 6128

2. Principal Office Address	**3.** Mailing Office Address
Advanced Property Management Service, Inc.	Advanced Property Management Service, Inc.
Suite, Apt. #, etc.: 3350 Woods Edge Circle, Ste 104	Suite, Apt. #, etc.: 3350 Woods Edge Circle, Ste 104
City & State: Bonita Springs, FL 34134	City & State: Bonita Springs, FL 34134
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 2001

5. FEI Number: 90-0154163 ☐ 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: SUSAN L. THOMPSON 300035728873

Street Address: Advanced Property Management Service, Inc. 05/07/04--01004--004 **61.25

Suite, Apt. #, Etc.: 3350 Woods Edge Circle, Ste 104 300035728873

City: Bonita Springs, FL 34134 06/16/04--01052--005 **175.00

State: FL Zip Code:

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: Susan L Thompson Date: 4/28/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	MCGILL, CHARLEEN	5660 NORTHBORO DR. #102 NAPLES, FL 34110-7	
DVP	SEIDEL, BOB	5615 NORTHBORO DR. #101	NAPLES, FL 34110
DT	TAIT, DAVE	5610 NORTHBORO DR. #202	NAPLES, FL 34110
DS	BRESNICK, ARNOLD	5635 NORTHBORO DR. #101	NAPLES, FL 34110
DAS	MOUSA, BRUCE	5645 NORTHBORO DR. #101	NAPLES, FL 34110

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: _____ 4/28/04 239-566-1126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TR