## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEM	(28 15 A) (4 1 A) (4 1 A)	9	DEPARTMENT Secretary of Station of Corpora	ate	DÍAIS	CRETAI IDN OF	ILED RY OF STATE CORPORATION PM 3: 3	ONS		
DOCUMENT # N12228 1. corporation Name Sanibel Professional Center Condominium association, The.						03/14/02 90037 028 #61.2 11/15/02 01006 011 #175.2 03/12/03 01042 004 #61.25				
			flice Address  Box 15  etc.	03/12/03 01042 004 # 61.25 05/29/03 01025 001 \$ 61.25 4. Date Incorporated or Qualified To Do Business in Florida						
Sanibel 33957	Lee	City & State Sau Zip 339	ibel, l	Lee	5. FEI Numbe	283	a 769	<i>•</i>		
7. Name and Address of Current Registered Agent  Name  Lauven Davies  Street Address (P.O. Box Number is Not Acceptable)  Stuite, Apr. #, Etc.  City Sauibel  State  State										
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 REGISTERED AGENT MUST SIGN  Date 1-5-05									CR2E081 (01/04)	
9. Names and Street Ad	dresses of Each Officer and	d/or Director (Flo	<del> </del>	<del> </del>	· ····					
Titles	Name of Street Address of Eac Officers and/or Directors Officer and/or Directors				Or Chy / State / Zip					
PD-Rona				23 23 Wooster Lane,			Sanibal, PC 33957			
VPD Dr. A	Dr. Allan Rembos			1323 wooster Lane Suite 6			Sambel FL 33957			
STD Law	ren V. Do	wies	15975au	ndcast	re Rd.	So	mibel	2,663	757	
					81 01/17	<b>900</b> 2/05	144651 -0104902	0948 22 **61	.25	
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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date										