

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC 15 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005949

1. Corporation Name
SOUTHWEST PROFESSIONAL HEALTH PARK OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O 4099 TAMiami TRAIL NORTH SUITE 305 NAPLES FL 34103	C/O 4099 TAMiami TRAIL NORTH SUITE 305 NAPLES FL 34103



REINSTATEMENT 97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/21/1996	
City & State		City & State		5. FEI Number	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	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 / State / Zip
PTD	HIIRONEN, JAMES	4099 TAMiami TRAIL NORTH SUITE 3	NAPLES FL 34103
VSD	COLOSIMO, JAMES R	4099 TAMiami TRAIL NORTH SUITE 3	NAPLES FL 34103
D	MYERS, SUE	4099 TAMiami TRAIL NORTH SUITE 3	NAPLES FL 34103

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ECKERTY, THOMAS G ESQ. 12734 KENWOOD LANE SUITE 89 FORT MYERS FL 33907		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State FL Zip Code	

10. 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: *Thomas G Eckerty* Date: _____

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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., 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: *James R Colosimo* Date: 10/29/97 Daytime Phone #: 941-262-30311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE040 (8/97)