

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN -2 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000007103

1. Corporation Name

AWRJV OWNERS' ASSOCIATION, INC.

REINSTATEMENT 99-00

2. Principal Office Address

11000-27 Metro Parkway

3. Mailing Office Address

11000-27 Metro Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, Fl.

City & State

Fort Myers, Fl.

Zip

33912

Country

Lee

Zip

33912

Country

Lee

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/98

5. FEI Number

65-1009064

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

Allen L. Hill

Street Address (P.O. Box Number is Not Acceptable)

11850-A Plantation Road

Suite, Apt. #, Etc.

City

Fort Myers

State
FL

Zip Code
33912

200003307922-7
-06/28/00-01070-06
***297.50 ***297.50

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

5/19/00

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
PTD	Scott Rivers	11000-27 Metro Parkway	Fort Myers, Fl. 33912
VSD	Allen Hill	11850-A Plantation Rd.	Fort Myers, FL 33912
D	Brooksy Q. Rivers	11000-27 Metro Parkway	Fort Myers, FL 33912

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:

Allen L. Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/19/00

Daytime Phone #

941-936-5222

CR2001 (3/98)