

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **REINSTATEMENT**  FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 JUL -3 PM 1:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # ~~P9000004403~~ **P93000004403**

1. Corporation Name
Georgian Limited

Principal Place of Business Mailing Address
~~217 Pine Valley Circle~~ ~~Naples, FL 34119~~ ~~ESTB~~ **217 Pine Valley Circle**
NEW **NAPLES FL 34113**

A. Alan 7/3/97
REINSTATEMENT 95-97

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

| | | |
|--|--|--|
| 2. New Principal Office Address, If Applicable 6 Stonehedge Point Suite, Apt. #, etc. | 3. New Mailing Office Address, If Applicable 6 Stonehedge Point Suite, Apt. #, etc. | 4. Date Incorporated or Qualified To Do Business in Florida 12/10/93 |
| City & State Naples, FL | City & State Naples, FL | 5. FEI Number 65-0450703 Applied For Not Applicable |
| Zip 34105 Country Collier | Zip 34105 Country Collier | 6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|---|--|
| 1 | 2 | 3 | 4 |
| Pres. | Joseph Logan | 6 Stonehedge Point | Naples, FL 34105 |
| Treas. | Joseph Logan | 6 Stonehedge Point | Naples, FL 34105 |
| Sec. | Joseph Logan | 6 Stonehedge Point | Naples, FL 34105 |
| | | | |
| | | | 988882232799-4 -07/08/97--01052--010 ***1080.00 ***1080.00 |

8. Name and Address of Current Registered Agent

Joseph Logan
6 Stonehedge Point
Naples, FL 34105

9. Name and Address of New Registered Agent

| |
|--|
| 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 *Joseph Logan* REGISTERED AGENT MUST SIGN Date **6/21/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Joseph Logan* Date **6/21/97** Daytime Phone # **941 434 9004 261 2244**

CR2E040 (12/96)