PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
~~REINSTATEMENT~~
UBR 2000

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 AM 10:13

DOCUMENT # P99000000523

1. Corporation Name
Dorrill Management Group, Inc.
5800 Strand BLVD · Suite 1
NAPLES, FL 34110

2. Principal Office Address	**3.** Mailing Office Address
5800 STRAND BLVD.	5800 STRAND BLVD
Suite, Apt. #, etc.: Suite 1	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34110 Country: Collier	Zip: 34110 Country: Collier

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0895384 ☐ 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: ~~CT Corporation System~~ Naples-Lawdock, Inc.
Street Address (P.O. Box Number is Not Acceptable): 4501 Tamiami Trail North
Suite, Apt. #, Etc.: Suite 300
City: NAPLES State: FL Zip Code: 34103

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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: Timothy G. Haines, Vice President of NAPLES-LAWDOCK, INC. REGISTERED AGENT MUST SIGN
Date: 4/27/00

CR2E081 (9/99)

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
~~P~~	William Neil Dorrill	5800 Strand Blvd	Naples, FL 34110
TS	Sharon S. Dorrill	5800 Strand Blvd	Naples, FL 34110
			AD

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: [signature] President 04/26/00 941-5929115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #