PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG -4 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754770

1. Corporation Name
Lochmoor Villas Condominium Association, Inc

2. Principal Office Address	**3.** Mailing Office Address
15660 San Carlos Blvd	15660 San Carlos Blvd
Suite, Apt. #, etc. #40	Suite, Apt. #, etc. #40
City & State Fort Myers, FL	City & State Fort Myers, FL
Zip 33908 / Country Lee	Zip 33908 / Country Lee

REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida 10-22-1980

5. FEI Number 592212017 — 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: P & M Property Management

Street Address (P.O. Box Number is Not Acceptable): 15660 San Carlos Blvd #40

Suite, Apt. #, Etc.

City: Fort Myers, State: FL Zip Code: 33908

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: Paul L Bapp — REGISTERED AGENT MUST SIGN — Date

CR2EDM (01/05)

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	Keith Tobeck	5730 Trail Wind Dr. #424	Fort Myers, FL 33907
S/T	Maurice Nelson	1061 Pike Lake Dr.	New Brighton, MN 55112
D	Bill Carras	PO Box 151756	Cape Coral, FL 33915
D	Karen Smith	4749 Orange Grove Blvd.	N. Fort Myers, FL33908

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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: Kevin Tobeck — 239-931-9636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T. Roberts AUG 10 2005