

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
DOCUMENT # 313542		99 MAY 12 AM 11:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
1. Corporation Name DONOVAN COUNTRY REALTY, INC.				
Principal Place of Business 2664 AIRPORT ROAD SOUTH NAPLES FL 34113		Mailing Address 2664 AIRPORT ROAD SOUTH NAPLES FL 34113		
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 02/08/1967
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1205622
City & State		City & State		Applied For Not Applicable
Zip	Country	Zip	Country	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	
PD	DONOVAN, WALTER T	2664 AIRPORT ROAD S.	NAPLES, FL 00000	
			600002885376--4 -05/25/99--01038--004 ****750.00 ****750.00	
			600002885376--4 -05/25/99--01038--005 ****150.00 ****150.00	
8. Name and Address of Current Registered Agent DONOVAN, WALTER T. 2664 AIRPORT ROAD S. NAPLES FL 33962		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: <i>Walter T. Donovan</i> REGISTERED AGENT MUST SIGN Date: 4-30-99				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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. <i>Walter T. Donovan</i>				
SIGNATURE: <i>Walter T. Donovan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 941 261 8080 12-15-98				