PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

APPROVED AND FILED
01 JUL -9 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 660386

1. Corporation Name
MARCO ISLAND CORPORATION

2. Principal Office Address	**3.** Mailing Office Address
606 Bald Eagle Drive	606 Bald Eagle Drive
Suite, Apt. #, etc.: Suite 603	Suite, Apt. #, etc.: Suite 603
City & State: Marco Island, FL	City & State: Marco Island, FL
Zip: 34145 Country: Collier	Zip: 34145 Country: Collier

4. Date Incorporated or Qualified To Do Business in Florida: 3/25/80

5. FEI Number: 591083386 ☐ 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: Scott M. Ketchum, Esq.
Street Address (P.O. Box Number is Not Acceptable): 4001 Tamiami Trail North
Suite, Apt. #, Etc.: Suite 300
City: Naples State: FL Zip Code: 34103

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 _____ Date July 3, 2001
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
S, T	David C. Bennet	606 Bald Eagle Dr., Suite 603	Marco Island, FL 34145
V	Raymond J. Smela	2000 Royal Marco Way, Ste 310	Marco Island, FL 34145
P	James R. Smela	2000 Royal Marco Way, Ste 310	Marco Island, FL 34145

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MW

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: _____ Raymond J. Smela 7/3/2001 941/389-5288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ACCOUNT NO. : 072100000032

REFERENCE : 213408 7103152

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 1,358.75

ORDER DATE : July 9, 2001

ORDER TIME : 11:59 PM

ORDER NO. : 213408-005

CUSTOMER NO: 7103152

CUSTOMER: Scott Ketchum, Esq
Goodlette Coleman & Johnson,
Suite 300
4001 Tamiami Trail North
Naples, FL 34103

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DIVISION OF CORPORATIONS
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DOMESTIC FILINGS

NAME: MARCO ISLAND CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____