

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

03 JUN -4 PM 1:13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 719677

1. Corporation Name

Park Shore Association, Inc.

2. Principal Office Address

4040 Gulf Shore Blvd. North

3. Mailing Office Address

P.O. Box 1435

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34103

Country

Zip

34106

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-2023436

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Dennis P. Cronin, Esq. c/o Bond, Schoeneck & King, P.A.

Street Address (P.O. Box Number is Not Acceptable)

4001 Tamiami Trail North

Suite, Apt. #, Etc.

Suite 250

City

Naples

500020514515

06/04/03--01035--015 \*\*2 7.50

500020514515

06/04/03--01035--016 \*\*8 75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

SEP. 19, 2002

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	Dodie Briskey <i>D</i>	4326 Crayton Road	Naples, FL 34103
VP	Dennis P. Cronin <i>D</i>	676 Fountainhead Way	Naples, FL 34103
VP	James E. Snowden <i>D</i>	4451 Gulf Shore Blvd. N.#1705	Naples, FL 34103
T	Maurice E. Shea <i>D</i>	727 Neapolitan Way	Naples, FL 34103
S	Roi E. Baugher, II <i>D</i>	4551 Crayton Road	Naples, FL 34103

\*D= Directors

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS P. CRONIN

SEPTEMBER 19, 2002

Date

239-262-8000

Daytime Phone #

9/6/5