


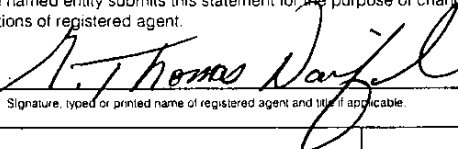
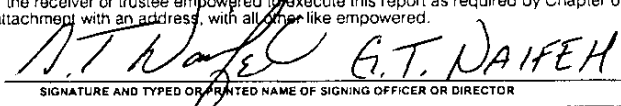
2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 JUL 30 AM 10: 05

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # 727216					
1. Entity Name MARCO HIGHLANDS COMDOMINIUM, INC.					
Principal Place of Business CARL SCHWAB MARCO POLO RESTAURANT 30 MARCO LAKE DR., UNIT 10 MARCO ISLAND, FL 34145 US			Mailing Address CARL SCHWAB MARCO POLO RESTAURANT 30 MARCO LAKE DR., UNIT 10 MARCO ISLAND, FL 34145 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1532046	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHWAB, CARL W MARCO POLO REST 30 MARCO LAKE DR MARCO, FL 34145			Name G. Thomas Naifeh		
			Street Address (P.O. Box Number, is Not Acceptable) 30 Marco Lake Drive		
			City Marco Island		
			State FL		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: 		G. Thomas Naifeh		DATE: July 20, 2007	
Signature, typed or printed name of registered agent and title, if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAIFAH, THOMAS			NAME	700106920627
STREET ADDRESS	30 MARCO LAKE DR.			STREET ADDRESS	07/30/07--01054--009 **395.75
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWAB, CARL W			NAME	
STREET ADDRESS	30 MARCO LAKE DR			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOHSE, KATHRYN			NAME	Melton, H.D.
STREET ADDRESS	17021 BLUE HERON DR			STREET ADDRESS	30 Marco Lake Drive
CITY-ST-ZIP	NAPLES, FL			CITY-ST-ZIP	Marco Island, FL 34145
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		G.T. NAIFEH		DATE: 7-20-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 239-394-5777	