PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE FILED Katherine Harris Secretary of State . 00 APR -4 AM 10: 39 DIVISION OF CORPORATIONS DOCUMENT # 12 SECRETARY OF STATE TARRESTES FLORIDA 1. Corporation Name Vanderbilt Shores Recreation Association, Inc. Principal Place of Business 10701 Gulf Shore Drive Naples, FL 33939 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 Date Incorporated or Qualified
 To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable CERTIFICATE OF STATUS DESIRE 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at Jeast 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip PTD Francis C. Weber Naples, FL 34113 8926 Lely Island Circle DS Naples, FL 34113 Barbara A. Weber 8926 Lely Island Circle Ngoles FC 33940 Mark P. Strain D 402 Pine Avenue 100003214811 - 5 -04/19/00--01074--008 ***1163.75 ***1163.75 8. Name and Address of Current Registered Agent _9. Name and Address of New Registered Agent --Becker & Poliakoff, P.A. Lieberfarb, Stanley J. Esquire Street Address (P.O. Box Number is Not Acceptable) 1400 Gulf Shore Blvd. N. 3003 Tamiami Trail, North, Suite 210 Naples, FL 33940 Suite, Apt. #, Etc.
Suite 210 City State Zip-Code 34103 10. It 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 GISTERED AGENT MUST SIGN 11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 I 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(31(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.

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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