

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

02 FEB -4 PM 2:11

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 754581

1. Corporation Name

Marco Drainage Association, Inc.

REINSTATEMENT 96-02

2. Principal Office Address

c/o WCI Communities, Inc.

3. Mailing Office Address

c/o WCI Communities, Inc.

Suite, Apt. #, etc.

24301 Walden Center Dr.

Suite, Apt. #, etc.

24301 Walden Center Drive

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34134

Country

USA

Zip

34134

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/10/1980

5. FEI Number

592264472

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

Thomas V. Eagan

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

c/o Steel Hector & Davis, 200 S. Biscayne Blvd., 40 Floor

Suite, Apt. #, Etc.

40th Floor

City

Miami

State

FL

Zip Code

33131

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

Thomas V. Eagan
REGISTERED AGENT MUST SIGN

Date

January 25, 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, D	Albert F. Moscato, Jr.	c/o WCI Communities, Inc. 24301 Walden Center Drive	Bonita Springs, FL 33134
VP, D	Wanda Z. Cross	c/o WCI Communities, Inc. 24301 Walden Center Drive	Bonita Springs, FL 33134
S, D	Vivien N. Hastings	c/o WCI Communities, Inc. 24301 Walden Center Drive	Bonita Springs, FL 33134
AS, D	Thomas V. Eagan	c/o Steel Hector & Davis LLP 200 S. Biscayne Blvd., 40 FL	Miami, FL 33131

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:

Thomas V. Eagan
Thomas V. Eagan, Assistant Secretary and Director

1/25/02
Date

305.577.2814
Daytime Phone

SIGNATURE:

Sharon J. Hummerhielm
Sharon J. Hummerhielm, Director and Assistant Secretary

1/25/02
Date

305-579-0999
Daytime Phone # (x25)

at time of dissolution, and executed in order to facilitate reinstatement

CR2001 (9/01)