PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 AUG 14 AM 10:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 761771 (5)

1. Corporation Name
Court Plaza II Condominium Association Inc.

2. Principal Office Address	**3.** Mailing Office Address
2661 Airport Rd So	PoBox 7714
Suite, Apt. #, etc.: B101	Suite, Apt. #, etc.:
City & State: Naples Florida	City & State: Naples Fl
Zip: 34112 Country:	Zip: 34101 Country:

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida: 02/05/1982

5. FEI Number: 65-0175623 ☐ 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: Roger Carvallo

000003368700--5
-08/23/00--01045--019
****297.50 ****297.50

Street Address (P.O. Box Number is Not Acceptable): 121 Baltusrol Drive

Suite, Apt. #, Etc.:

City: Naples | State: FL | Zip Code: 34113

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: R Carvallo
REGISTERED AGENT MUST SIGN

Date: 8/9/2000

CR2E081 (9/99)

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
D	Carvallo Thierry	2250 West Crown Point Bld	Naples Fl 34112
PVD	Carvallo Roger	121 Baltusrol Drive	Naples Fl 34113
D	Michael R. Pinter	4328 Corporate Square	
		Suite C	Naples Fl 34104

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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: R Carvallo — 7/9/2000 — 941-775-5355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #