

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 28 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F-96000003246
1. Corporation Name QUAIL PLAZA, INC

REINSTATEMENT 03

2. Principal Office Address <u>4500 Executive DR</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc. <u>300</u>		Suite, Apt. #: etc.	
City & State <u>NAPLES FLA</u>		City & State	
Zip <u>34119</u>	Country <u>Gollier</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>6-13-96</u>	
5. FEI Number <u>133883353</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <u>THOMAS G. BROWN</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>4500 Executive DRIVE</u>			
Suite, Apt. #, Etc. <u>300</u>			
City <u>NAPLES</u>	State <u>FL</u>	Zip Code <u>34119</u>	

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 G Brown Date 9-29-03

REGISTERED AGENT MUST SIGN

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
CEO	THOMAS G. BROWN	4500 Executive DR	NAPLES, FLA 34119

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 G. BROWN Date 9/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

239-594-0100

CRZE081 (10/02)