

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

REINSTATEMENT 03

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

2. Principal Office Address 4500 Executive DR  
Suite, Apt. #, etc. 300  
City & State NAPLES FLA  
Zip 34119 Country Gollier

3. Mailing Office Address SAME  
Suite, Apt. #: etc. \_\_\_\_\_  
City & State \_\_\_\_\_  
Zip \_\_\_\_\_ Country \_\_\_\_\_

4. Date Incorporated or Qualified To Do Business in Florida 6-13-96

5. FEI Number 133883353 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 G. BROWN

Street Address (P.O. Box Number is Not Acceptable) 4500 Executive DRIVE

Suite, Apt. #, Etc. 300

City NAPLES State FL Zip Code 34119

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

400024218874  
10/28/03--01085--013 \*\*750.00

9/29/03

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 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)