

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

00 JUN 20 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

G60115

1. Corporation Name

Southdale, Inc.

2. Principal Office Address

5425 Park Central Court

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 551

Suite, Apt. #, etc.

City & State

Naples

City & State

Naples, Florida

Zip

34109

Country

Collier

Zip

34106-0551

Country

Collier

REINSTATEMENT

93-50

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ludwig J. Abruzzo, PA

800003315118--6

-07/06/00--01063--019-6

***1808.75 ***1808.75

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

5425 Park Central Court

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34109

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date: June 14, 2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Jane E. Olah	5425 Park Central Court	Naples, Florida 34109

LS

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)(b), 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:

Jane E. Olah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 14, 2000

Date

1-941-775-6630

Daytime Phone #