
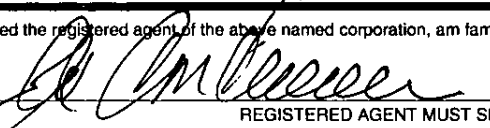



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 DEC 29 PM 12:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # J70065			
1. Corporation Name Waverly Development/Eagle Cay Corporation			
2. Principal Office Address 365 FIFTH AVENUE SO. Suite, Apt. #, etc. 201 City & State NAPLES, FL Zip 34102 Country USA		3. Mailing Office Address 365 FIFTH AVENUE SO. Suite, Apt. #, etc. 201 City & State NAPLES, FL Zip 34102 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 04/29/1987		5. FEI Number 59-2806373 <div style="float: right; text-align: right;">Applied For Not Applicable</div>	
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 JACK ANTARAMIAN			
Street Address (P.O. Box Number is Not Acceptable) 365 FIFTH AVENUE SO.			
Suite, Apt. #, Etc. 201			
City NAPLES		State FL	Zip Code 34102
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 		Date 12/4/04	
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
PTD	JACK ANTARAMIAN	365 FIFTH AVE SO #201 NAP	NAPLES, FL 34102
D	S-1107 LAPPON	1087 BEACON ST	NEWTON, MA 02459
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)(l), 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: 		Date 12/4/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JACK ANTARAMIAN		Daytime Phone # 239-434-0600	

CR2E081 (01/04)