

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

3. Mailing Office Address

365 FIFTH AVENUE So
Suite, Apt. #, etc.
201

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34102

Country

USA

Zip

34102

Country

USA

700043428987
REINSTATEMENT 04

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1987

5. FEI Number

59-2806373

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

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

12/4/04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature] JACK ANTARAMIAN

Date

12/4/04

Daytime Phone #

239-434-0600

CR2E081 (01/04)