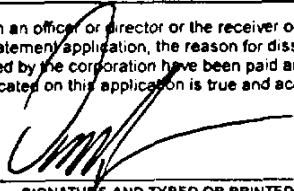


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K48451 1. Corporation Name THE GROVE AT PARKER LAKES, INC.			
Principal Place of Business 9400 GLADIOLUS DRIVE SUITE 250 FT. MYERS, FL 33908		Mailing Address 9400 GLADIOLUS DRIVE SUITE 250 FT. MYERS, FL 33908	
If above addresses are incorrect in any way, line through incorrect information and enter correction below			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	
		4. Date Incorporated or Qualified To Do Business in Florida 12/01/88	
		5. FEI Number 59-2931389	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Jack Parker	2800 South Ocean Boulevard	Boca Raton, FL 33432
PD	Walter D. Turken	9400 Gladiolus Drive, Suite 250	Ft. Myers, FL 33908
DA	Adam Glick	104-70 Queens Boulevard, Suite 400	Forest Hills, NY 11375
V	David Knizner	9400 Gladiolus Drive, Suite 250	Ft. Myers, FL 33908
VST	John Reisman	9400 Gladiolus Drive, Suite 250	Ft. Myers, FL 33908
AS	Stephen J. Mitchell	201 North Franklin St., Suite 2100	Tampa, Florida 33602
8. Name and Address of Current Registered Agent Stephen J. Mitchell 201 North Franklin Street Suite 2100 Tampa, FL 33602		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code	
		REINSTATEMENT 98-99 B FL	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent _____ Date 4-19-99 REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax)			
12. 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 name 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: 		David Knizner, Vice President Date 4/13/99 Daytime Phone # 941/481-5040	