

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M43453

**FILED**  
**Dec 03, 2010**  
**Secretary of State**

**Entity Name:** ASSOCIATED REAL ESTATE SOUTHWEST, INC.

**Current Principal Place of Business:**

8825 TAMIAMI TRAIL EAST  
NAPLES, FL 34113 US

**New Principal Place of Business:**

7995 MAHOGANY RUN LANE  
NAPLES, FL 34113 US

**Current Mailing Address:**

8825 TAMIAMI TRAIL EAST  
NAPLES, FL 34113

**New Mailing Address:**

7995 MAHOGANY RUN LANE  
NAPLES, FL 34113 US

**FEI Number:** 59-2797304

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURKE, CONSTANCE M  
247 N COLLIER BLVD  
SUITE 202  
MARCO ISLAND, FL 34145 US

**Name and Address of New Registered Agent:**

MORRIS, WILLIAM  
247 N COLLIER BLVD  
SUITE 202  
MARCO ISLAND, FL 34145 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM MORRIS

12/03/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DE LANGE, MARGRIET  
Address: 7995 MAHOGANY RUN LANE  
City-St-Zip: NAPLES, FL 34113

Title: VP  
Name: BOFF, JOSEPH D  
Address: 7995 MAHOGANY RUN LANE  
City-St-Zip: NAPLES, FL 34113

Title: T  
Name: BOBROW, JOEL I  
Address: 7995 MAHOGANY RUN LANE  
City-St-Zip: NAPLES, FL 34113

Title: S  
Name: BOBROW, JOEL I  
Address: 7995 MAHOGANY RUN LANE  
City-St-Zip: NAPLES, FL 34113

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOEL BOBROW

S

12/03/2010

Electronic Signature of Signing Officer or Director

Date