

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 JAN 31 AM 10:59

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N00000004096**

1. Corporation Name

**HERITAGE OAKS GOLF VILLAS VI, INC.**

**REINSTATEMENT** 02

Principal Place of Business

10481 SIX MILE CYPRESS PKY  
 FT MYERS FL 33912

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 FT MYERS FL 33912



700009635077

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**2477 STICKNEY POINT RD**

3. New Mailing Office Address, If Applicable  
**2477 STICKNEY POINT RD**

4. Date Incorporated or Qualified To Do Business in Florida  
~~12/23/02~~ ~~01051-010~~ ~~\*\*236-25~~  
**06/16/2000**

Suite, Apt. #, etc.  
**118A**

Suite, Apt. #, etc.  
**118A**

5. FEI Number Applied For  
 Not Applicable

City & State  
**SARASOTA, FL**

City & State  
**SARASOTA, FL**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

Zip Country  
**34231 USA**

Zip Country  
**34231 USA**

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	DANNA, CHARLES JR	325 INTERSTATE BLVD	SARASOTA FL 34240
DV	ALLEGRA, ROBERT T	325 INTERSTATE BLVD	SARASOTA FL 34240
DST	BURNS, ALAN R	325 INTERSTATE BLVD	SARASOTA FL 34240
DP	BREGORY, ROBERT	4480 CHASE OAKS DR.	SARASOTA, FL 34241
DV	SWETT, ED	4414 CHASE OAKS DR.	SARASOTA, FL 34241
DST	FLORSHEIM, AIDA	4439 CHASE OAKS DR.	SARASOTA, FL 34241

8. Name and Address of Current Registered Agent

SWALM & BOURGEOU, P.A.  
 2375 TAMiami TRAIL N., SUITE 308  
 NAPLES FL 34103

9. Name and Address of New Registered Agent.

Name  
**ARGUS PROPERTY MANAGEMENT, INC.**  
 Street Address (P.O.-Box Number is Not Acceptable)  
**2477 STICKNEY POINT ROAD**  
 Suite, Apt. #, Etc.  
**SUITE 118A**  
 City  
**SARASOTA** State  
**FL** Zip Code  
**34231**

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. or 617.0505, F.S.

Signature of Registered Agent Pamela O'Leary, Argus Property Management Date 1/10/03  
 REGISTERED AGENT MUST SIGN

11. 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)(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: Ed Swett VICE PRESIDENT DIRECTOR 1/27/03 941-927-6464  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)