

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

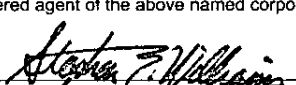
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # NO2 000003193			
1. Corporation Name Siena At Miromar Lakes Neighborhood Assoc. Inc.			
2. Principal Office Address 12220 Towne Lake Dr Suite, Apt. #, etc. Suite 1 City & State Ft. Myers, FL Zip 33913 Country US		3. Mailing Office Address 1044 Castello Drive Suite, Apt. #, etc. Suite 206 City & State Naples, FL Zip 34103 Country US	

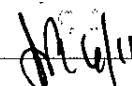
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

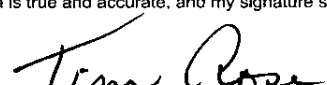
REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 4-24-02	
5. FEI Number 73-1646687	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 Southwest Property Mgmt		
Street Address (P.O. Box Number is Not Acceptable) 1044 Castello Dr.		
Suite, Apt. #, Etc. Suite 206		
City Naples	State FL	Zip Code 34103

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  REGISTERED AGENT MUST SIGN	Date 6-5-04

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
D	Tim Rose	12220 Towne Lake Dr #1	Ft. Myers, FL 33913
VD	Weldon Burchett	12220 Towne Lake Dr #1	Ft. Myers, FL 33913
STD	Chris Hammond	12220 Towne Lake Dr #1	Ft. Myers, FL 33913
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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)(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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	5-17-04 Date	239 261-3440 Daytime Phone #	

CR2E081 (10/02)