2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT				ř.	ILED
DOCUMENT # N0300005432 1. Entity Name JASMINE POINTE II AT CARLTON LAKES, INC.				DIVISION OF	RY OF STATE CORPORATIONS 1 RM 12: 42
Principal Place of Business 6025 CARLTON LAKES BLVD NAPLES, FL 34110		Mailing Address 6025 CARLTON LAKES BLVD NAPLES, FL 34110			
c/o Pegasus Property Management 2. Principal Place & Business 3. Mailing Address 3.					
17595 S. Tamiami Tr.		17595 S. Tamiame Tr.		Tr. 1000000 000 00000 0000 0000 0000 0000	NI MUREIT MURENT MERLI MANAMA ATTEM YANILUTI DI FRUTT
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Surfe 100		10152004 REIN-NP	CR2E099 (6/04)
City & State Fort Huers, FL		City & State Fort Hyers, FL		4. FEI Number 33- 08555	Applied For Not Applicable
Zip _	Country	Zip	Country	5. Certificate of Status Desired	S8.75 Additional
3390	6. Name and Address of Current F	33908 Registered Agent	USA_	7. Name and Address of New R	Fee Hequired
SWALM & BOURGEAU, P.A. 2375 TAMIAMITRAIL N STE 308 NAPLES, FL 34103 Name Durgeu - Duvies PA Street Address (P.O. Box Nurabler is Not Acceptable)					
			City		FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent. O (9 - 0 4)					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algusture required when reinstating) DATE					
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50 Make check payable to Florida Department of State					
10.	OFFICERS AND DIR		11.	ADDITIONS/CHANGES TO OFFICE	— ——————
NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, JON 2907 BAY TO BAY BLVD #301 TAMPA, FL 33629	≥3. Delete	MARKE	Pres./Director Peter Comeau 1907 Bay to Bay Tompa, FL 331	Change Exaddition Blud, Ste. 202
TITLE	D CUIDO POLICIAO	. Delete	TITLE	VP / Director	☐ Change
NAME STREET ADDRESS	GUIDO, DOUGLAS 2907 BAY TO BAY BLVD #301		NAME STREET ADDRESS	John Campbell 12730 New Britte	any Blud, Ste 403
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	Fort Myers, FL	33907
TITLE NAME	D BREITENWISCHER, KIRK	≥ Delete		Sec/TRES Direct Daniel Forkell	Change DAddition
STREET ADDRESS CITY-ST-ZIP	8584 KATY FREEWAY STE 200 HOUSTON, TX 77024		STREET ADDRESS CITY-ST-ZIP	1907 Bay to Bay	(3)vd; Ste 301
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME * STREET ADDRESS	·		NAME STREET ADDRESS	200420 10/21/0401036	065692 015 **236.25
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	į	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY~ST-ZIP			STREET ADDRESS CITY-ST-ZIP		•
TITLE		□ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	,		NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with a being like empowered.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Description Prione #					

10/25 a