PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 SEP 20 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000005468

1. Corporation Name

Paradise Woods Association of Homeowners, Inc.

REINSTATEMENT 06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
766 17th Avenue South		766 17th Avenue South	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Naples, FL		Naples, FL	
Zip	Country	Zip	Country
34102	USA	34102	USA

4. Date Incorporated or Qualified To Do Business in Florida: June 25, 2003

5. FEI Number: 582674962 ☐ 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: Michael J. Volpe, Esquire

Street Address (P.O. Box Number is Not Acceptable): Robins, Kaplan, Miller & Ciresi, LLP

Suite, Apt. #, Etc.: 711 Fifth Avenue South Suite 201

City: Naples | State: FL | Zip Code: 34119

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: [signature] Date: 9-19-07

REGISTERED AGENT MUST SIGN

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
VP-D	Nikolaus R. Carbon	10066 Hidden Pines Lane	Bonita Springs, FL 34135
P-D	Kevin J. Thomas	766 17th Avenue South	Naples, FL 34102
S/T-D	Jennifer Hite	766 17th Avenue South	Naples, FL 34102

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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 contained in Chapter 119, 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] Nikolaus R. Carbon 9/7/07 239-707-8678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/25