

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

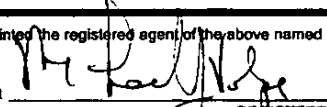
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

06-07

CR2E081 (1/07)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N03000005468			
1. Corporation Name Paradise Woods Association of Homeowners, Inc.			
2. Principal Office Address - No P.O. Box # 766 17th Avenue South Suite, Apt. #, etc.		3. Mailing Office Address 766 17th Avenue South Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34102	Country USA	Zip 34102	Country USA
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
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  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
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: 		Date 9/17/07 Daytime Phone # 239-707-8678	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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	
☐ 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.	

09/21/07--01052--012 **297.50

9/25/07