

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| <b>CORPORATION<br/>REINSTATEMENT</b>   |                                      | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b>  |                        |
|--|--------------------------------------|---|------------------------|
| <b>DOCUMENT # N03000008635</b><br><b>1. Corporation Name</b><br><i>Estero Palms Homeowners Assoc<br/>INC.</i>  |                                      |   |                        |
| <b>2. Principal Office Address - No P.O. Box #</b><br><i>1035 Collier Center Way</i><br><small>Suite, Apt. #, etc.</small><br><i># 7</i>   |                                      | <b>3. Mailing Office Address</b><br><small>Suite, Apt. #, etc.</small><br><i></i>   |                        |
| <small>City &amp; State</small><br><i>Naples, FL</i>   |                                      | <small>City &amp; State</small><br><i></i>  |                        |
| <small>Zip</small><br><i>34110</i>   | <small>Country</small><br><i>USA</i> | <small>Zip</small>  | <small>Country</small> |
| <small>CR2E081 (11/10)</small>   |                                      |   |                        |
| <b>4. Date Incorporated or Qualified<br/>To Do Business in Florida</b> <i>10/06/2003</i>   |                                      |   |                        |
| <b>5. FEI Number</b> <i>201692005</i> <input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>  |                                      |   |                        |
| <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required<br/>for a Certificate of Status</b>   |                                      |   |                        |
| <b>7. Name and Address of Current Registered Agent</b><br><small>Street Address (P.O. Box Number is Not Acceptable)</small><br><i>Advanced Property Management Serv Inc</i><br><i>1035 Collier Center Way</i><br><small>Suite, Apt. #, Etc.</small><br><i># 7</i><br><small>City</small><br><i>Naples</i> <small>State</small> <i>FL</i> <small>Zip Code</small> <i>34110</i><br><small>900258188179</small><br><small>03/24/14--01037-007 **175.00</small>  |                                      |   |                        |
| <b>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.</b>  |                                      |   |                        |
| <small>Signature of<br/>Registered Agent</small><br><i>Laura Hawkes</i>  |                                      | <small>Date</small> <i>3/19/14</i>  |                        |
| <b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>   |                                      |   |                        |
| Titles   | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director   | City / State / Zip     |
| <i>Pres.</i>   | <i>Tom McIVOR</i>                    | <i>21710 Red Latan Way</i>  | <i>Estero FL 33928</i> |
| <i>Tres.</i>   | <i>Pat Russell</i>                   | <i>21761 Arenga Lane</i>  | <i>Estero FL 33928</i> |
| <i>Sec.</i>  | <i>Amber Glisson</i>                 | <i>21700 Red Latan Way</i>  | <i>Estero FL 33928</i> |
| <i>Dir</i>   | <i>Carole Muscat</i>                 | <i>21720 Red Latan Way</i>  | <i>Estero FL 33928</i> |
| <b>REINSTATEMENT</b><br><i>2013 -</i>  |                                      |   |                        |
| <b>S. HAWKES</b>   |                                      |   |                        |
| <small>MAR 25 AM</small>   |                                      |   |                        |
| <b>10. E-mail Address:</b> <i>advancedswe@aoi.com</i> <small>(To be used for future annual report notification)</small>  |                                      |   |                        |
| <b>EXAMINED</b>  |                                      |   |                        |
| <small>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. Furthermore, 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that the information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.</small> |                                      |   |                        |
| <b>SIGNATURE:</b> <i>Tom McIVOR</i>  |                                      | <b>Tom McIVOR</b> <i>3/19/14</i> <i>239-513-9433</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |                        |
| <small>Daytime Phone #</small>   |                                      |   |                        |