APPROVED AND FILED

06 SEP 11 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000009341

1. Corporation Name

COCONUT GROVE DOCK ASSOCIATION, INC.

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address		**3.** Mailing Office Address	
144 Useppa Island		99 Nesbit Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Captiva, FL		Punta Gorda, FL	
Zip	Country	Zip	Country
33924	US	33950	US

4. Date Incorporated or Qualified To Do Business in Florida: 10/28/2003

5. FEI Number: 20-5116439 ☐ 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: Jack O. Hackett II

Street Address (P.O. Box Number is Not Acceptable): Farr Law Firm

900079795 09/13/06--01034--007 **35.75

Suite, Apt. #, Etc.: 99 Nesbit Street

City: Punta Gorda | State: FL | Zip Code: 33950

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: September 6, 2006

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
P/D	Salas, Joselito C.	4 N. 625 Magnolia Lane	Wayne, IL 60184
VP/D	Shook, Charles	3333 W. Riverside Drive	Fort Myers, FL 33901
S/D	Hughes, James J.	705 10th Street, S. Unit 206	Naples, FL 34102
D	Sabelhaus, Robert	144 Useppa Island	Captiva, FL 33924
D	Lawler, Michael	4001 N. Tamiami Trail Suite 102	Naples, FL 34103
D	Page, Stephen C.	1000 S.E. Monteray Commons Boulevard, Suite 306	Stuart, FL 34996

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: Joselito C. Salas, President — 941-639-1158

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

9/12/06