PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 OCT 15 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # N04000010544

1. Corporation Name

Fisherman's Cove of Lee County Commons Association, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
14200 A & W Bulb Road	14200 A & W Bulb Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33908 Country: USA	Zip: 33908 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: November 8, 2004

5. FEI Number: 593788381 — 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

REINSTATEMENT
2009-2014

Name: Christopher Shields

Street Address (P.O. Box Number is Not Acceptable): c/o Pavese Law firm

Suite, Apt. #, Etc.: 1833 Hendry Street

City: Fort Myers State: FL Zip Code: 33901

100265452501
10/15/14--01011--008 **542.50

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: 10/09/2014

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
P	Julio Aviles	2010 Colina De Alturas	Mayaguez PR 00682
VP	Skip Gabler	8122 Anchor Bay Dr	Clay MI 48001
S/T	Colleen Helmick	4151 Washington Crescent	Troy MI 48085
D	Gary Buttrum	10041 Lake Cove Dr #302	ft Myers FL 33908
D	Nancy Krohn	231 Roxbury Ln	Noblesville IN 46062

10. E-mail Address: Vhoover@sentrymgt.com
(To be used for future annual report notification)

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. 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., 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 false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ Julio Aviles 9/30/2014 239-277-0112

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

MV 10/15