FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 06 SUN 22 AM 10: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04641

1. Corporation Name

MIDTOWN PROFESSIONAL CENTRE
CONDOMINIUM ASSOCIATION, INC.

05-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
12811 Kenwood Ln.	12811 Kenwood Ln.
Suite, Apt. #, etc.: Suite 115	Suite, Apt. #, etc.: Suite 115
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33907 Country: Lee	Zip: 33907 Country: Lee

4. Date Incorporated or Qualified To Do Business in Florida: 08/09/84

5. FEI Number: 20-1373751 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: A. D'Ette Fortiner

000007667355D
06/28/06--01010--008 **297.50

Street Address (P.O. Box Number is Not Acceptable): 12811 Kenwood Lane

Suite, Apt. #, Etc.: Suite 115

City: Fort Myers, State: FL Zip Code: 33907

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: A. D'Ette Fortiner Date: 6/19/06
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
PD	Edward Cerwinsky Jr.	1560 Matthew Dr. "I"	Fort Myers, FL 33907
S/TD	Bruce Bartholomew	1560 Matthew Dr. "H"	Fort Myers, FL 33907
D	Judy Sicilia, PhD Psy	1560 Matthew Dr. "F"	Fort Myers, FL 33907
D	James Darby	1560 Matthew Dr. "J"	Fort Myers, FL 33907
D	Dustin Lynn	1560 Matthew Dr. "E"	Fort Myers, FL 33907

$86.25

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 that 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(s) that have the same legal effect as if made under oath.

SIGNATURE: Bruce Bartholomew 6/5/06 239-936-0144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #