PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 2008 JAN 22 AH 9: 15 FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State TALLAHASSEE, FLORIDA REINSTATEMENT DIVISION OF CORPORATIONS **DOCUMENT #** NO5000001112 1. Corporation Name HERITAGE BAY COMMONS ASSOCIATION, INC. 3001158007ns 3. Mailing Office Address 2. Principal Office Address - No P.O. Box # 10481 Ben C Pratt/6 Mile 10481 Ben C Pratt/6 Mile Cypress Parkway Cypress Parkway Suite, Apt. #, etc. Suite, Apt. #, etc. Date incorporated or Qualified To Do Business in Florida 02/02/05 City & State City & State Applied For 5. FEI Number Fort Myers, FL Fort Myers, 26-1787751 Not Applicable Country Country ZIp 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required 33966 33966 USA USA for a Certificate of Status 7. Name and Address of Current Registered Agent XX The reinstatement fee is imposed, except in Charles Mann, Esq. circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) Pavege Law Firm the prior notices. By checking this box, you 1833 Hendry Street are certifying the prior notices were not Suite, Apt, #, Etc. received and requesting the reinstatement fee be waived. State Zip Code FL 33901 Fort Myers 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 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors Titles City / State / Zlp P/D Anthony J. Burdett 1048I Ben C Pratt/6 Mile Fort Myers, FL 33966 Cypress Parkway V/D John Debitetto 10481 Ben C Pratt/6 Mile Fort Myers, FL 33966 Cypress Parkway S/T/D John Billups 10481 Ben C Pratt/6 Mile 33966 Fort Myers, FL Cypress Parkway 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. t further certify that when filling 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 acquirate, and my signature shall have the same legal effect as if made under oath.

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE