

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR -3 AM 7:58

DOCUMENT # **NO5513**

1. Corporation Name  
**METRO PLACE ASSOCIATION INC**

2. Principal Office Address  
**11000 METRO PKWY**

Suite, Apt. #, etc.

**36**

City & State

**FORT MYERS FL**

Zip

**33912**

Country

**USA**

3. Mailing Office Address  
**11595 KELLY RD**

Suite, Apt. #, etc.

**SUITE 301**

City & State

**FORT MYERS FL**

Zip

**33908**

Country

**USA**

**REINSTATEMENT 03-06**  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/5/84**

5. FEI Number

**59-2483083**

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

**RAL RESORT PROPERTY MANAGEMENT INC**

Street Address (P.O. Box Number is Not Acceptable)

**11595 KELLY ROAD**

Suite, Apt. #, Etc.

**SUITE 301**

City

**FORT MYERS**

State

**FL**

Zip Code

**33908**

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

*[Signature]*

Date **3/29/06**

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
P	JEFFERY HUNSUCKER	11000-36 METRO PKWY	FT MYERS FL 33912
VP	GARY SHAFFER	11000-16 METRO PKWY	FT MYERS FL 33912
S	AMANDA COCHRAN	11000-1 METRO PKWY	FT MYERS FL 33912
T	JACK SHEA	11000-22 METRO PKWY	FT MYERS FL 33912

400069917034  
04/10/06--01015--006 \*\*600.00

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:

*[Signature]* Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/06**

Date

**2394819580**

Daytime Phone #

2072

March 29, 2006

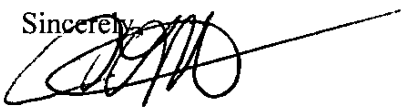
Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed a Corporation Reinstatement Form for Metro Place Association, Inc. As the Board of Directors for Metro Place Association, Inc., we would like to advise the State of Florida that, for some reason, our past management company, under the name of Judy Pervis, who was the authorized agent, in the year 2003 had let the corporate documents lapse. We, as the Board of Directors, were never notified of this so we did not know this had not been done. Therefore, we are enclosing a check for the years 2003, 2004, 2005 and 2006 in the amount of \$600.00 for the Annual Report Fee and the Corporate Supplemental Fee and are requesting the State of Florida to waive the reinstatement fee as we were not aware this had not been done.

We appreciate your consideration in this matter and look forward to you advising our new management company, RAL Resort Property Management, Inc. of our reinstated corporate papers as soon as possible.

Sincerely,



Jeffery Hunsucker  
President  
Metro Place Association, Inc.

Enclosures