

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 MAY 16 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-03

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *NO6288*

1. Corporation Name

PARKVIEW-OF-NAPLES CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

1100 3rd Street South

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

Country

34102

3. Mailing Office Address

745-12th Avenue South

Suite, Apt. #, etc.

Suite AA

City & State

Naples, FL

Zip

Country

34102

4. Date Incorporated or Qualified To Do Business in Florida

11/26/84

5. FEI Number

59-2765954

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

Moore Property Management, Inc.

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

745-12th Avenue South

Suite, Apt. #, Etc.

Suite AA

City

Naples

State

FL

Zip Code

34102

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

Burda H. Pederson

Date

4/24/03

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	<i>Earl Sanford</i>	<i>1100 3rd Street South</i>	<i>Naples, FL 34102</i>
D	<i>Robert Bargar</i>	<i>1100 3rd Street South</i>	<i>Naples, FL 34102</i>
D	<i>John Farrell</i>	<i>1100 3rd Street South</i>	<i>Naples, FL 34102</i>
D	<i>Barbara Fitzmaurice</i>	<i>1100 3rd Street South</i>	<i>Naples, FL 34102</i>

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 under section 119.07(3)(i), 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:

Earl Sanford

EARL SANFORD

Date

4/24/03

Daytime Phone #

639 242 5057

CR2E081 (10/02)

5/23