



\$122.50 M 1/29 865#

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>07/08</b> <b>CORPORATION</b> <b>REINSTATEMENT</b> <b>AR</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 08 FEB 19 PM 3:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N07000009691							
1. Corporation Name Isles of Ponto Vista Condominium 3 Association, Inc							
2. Principal Office Address - No P.O. Box # 3952 Pomodoro				3. Mailing Office Address 12734 Kenwood Ln			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State Cape Coral, FL				City & State Ft Myers, FL			
Zip 33903		Country USA		Zip 33907		Country USA	
4. Date Incorporated or Qualified To Do Business in Florida							
5. FEI Number 20-4153494							
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status							
7. Name and Address of Current Registered Agent							
Name Tropical Isles Management services, Inc.							
Street Address (P.O. Box Number is Not Acceptable) 12734 Kenwood Lane, ste 49							
Suite, Apt. #, Etc.							
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						Date 1-29-08	
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	Pat Devlin			3952 Pomodoro Cir #104 Cape Coral		Cape Coral, FL 33903	
VP	Ken Killian			3952 Pomodoro Cir #101		Cape Coral, FL 33903	
Secretary	Vito J. Iacobellis			3952 Pomodoro Cir #202		Cape Coral, FL 33903	
ASM	Mark Rudland			12734 Kenwood Ln, ste 49		Ft Myers, FL 33907	
						200119551742 03/06/08--01019--003 **122.50	
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: 				MARK RUDLAND		1-29-08 239-939-2999	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	

\* No reinstatement fee required due to a clerical error. 2/19/08