


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	APPROVED AND FILED 1997 JAN 27 AM 9:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA 100002072081--8 -01/29/97--01032--010 ***358.75 ***358.75
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DOCUMENT # **N20072**

1. Corporation Name
CARMEl AT VANDERBILT LAKES Residents ASSOC., INC.

Principal Place of Business Mailing Address **SAME**

**28724 CARMEL WAY
 BONITA SPRINGS, FLA, 34134**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida
4/10/87

5. FEI Number
65-0008677

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P.D.	JULIA SMITH	28724 CARMEL WAY	BONITA SPRINGS FL 34134
VPD	EDWIN DROPPS	28759 " "	" " 34134
SD	CHARLOTTE MODESTINE	28758 " "	" " "
D	NANCY BROOKS	28702 " "	" " "
D	FRANK FANTA	28774 " "	" " "
D	TOM NEALE	28725 " "	" " "

8. Name and Address of Current Registered Agent

**Robert B. Couch
 Gulf Coast Prop. Mgmt
 8951 Bonita Beach Rd
 Bonita Springs FL 33923**

9. Name and Address of New Registered Agent

Name **Steven M. Falk, Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
850 Park Shore Drive,
 Suite, Apt. #, Etc.
3rd Floor
 City **Naples** State **FL** Zip Code **34103**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **Stu M. Falk** Date **1/15/97**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: **Charlotte Modestine**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/15/97** Daytime Phone # **947-2101**

CR2E040 (12/95)