PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!!

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2020 JUL 2 PM 12:07

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20494

1. Corporation Name

The Retreat WATERSIDE INC.

000347495870
07/02/20--01003--008 **235.25

CR2EC61 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1035 Collier Center Way	1035 Collier Center Way
Suite, Apt. #, etc #7	Suite, Apt. #, etc. #7
City & State Naples FL	City & State Naples FL
Zip 34110	Country USA
Zip 34110	Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/5/1987

5. FEI Number: 59-2776283 ☐ 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: Advanced Property Management

Street Address (P.O. Box Number is Not Acceptable): 1035 Collier Center Way

Suite, Apt. #, Etc: #7

City: Naples | State: FL | Zip Code: 34110

JUL 02 2020
R. HUNT

REINSTATEMENT

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: Advanced Property Management Date: 6/22/2020
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	Ellen Early	501 Lake Louise Cir #204	Naples FL 34110
VP	Jerry Shaucl	501 Lake Louise Cir #202	Naples FL 34110
T	Zane Hollingsworth	501 Lake Louise Cir #201	Naples FL 34110
D	Nancy Ecndt	503 Lake Louise Cir #101	Naples FL 34110
D	Walter Hatfield	505 Lake Louise Cir #203	Naples FL 34110
M	Advanced Property Management	1035 Collier Center Way #7	Naples FL 34110

10. E-mail Address: AP@APMSFL.com
(To be used for future annual report notification)

11. 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. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Ellen Early 6/22/2020 239-273-6
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #