## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATIO STATEMEN	(5) (Carlos 1207-18)		RTMENT O try of State corporation			08 SEP 24	PH 4:	
1. Corpora	JMENT #						LRCYARY LLAHASSI	OF ST EE.FLO	ATE RIDA
400 Valley Stream Dr 400 V			3. Mailing Office Addi 400 Valley J	alley Stream Dr		REI	NSTATENE CR2E081 (1	N V F	06-08
· · ·			i '	iation Box			orated or Qualified		
City & State City			City & State	ty & State				995	
Naples FL			Naples, FL			<b>5.</b> FEI Number 59-37(		-	Applied For Not Applicable
Zip 3411	ı	ountry	Zip	Country		6.	OF STATUS DESIRED		ional Fee required
3411	<u>_</u>	US	34113	US			G. 67/1/96 SCORKES	for a Certi	ificate of Status
7. Name and Address of Current Registered Agent  Name Charles C. Lehman  Street Address (P.O. Box Number is Not Acceptable)						The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you			
5455 Jaeger Rd Suite, Apt. #, Etc.						are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
City Naples,				State Zip Code FL 34109					
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  REGISTERED AGENT MUST SIGN  Date 9/16/2008									
9. Names	and Street Address	esses of Each Officer and	d/or Director (Florida nonp	profit corporation	s must list at lea	ast 3 directors)	001361	545£	37
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			1970801056 City7	State / Zip	**358.75
P	Matthew McCullough			400 Valley Stream Dr			Naples, FL	34113	}
VP	Allison Watkins			400 Valley Stream Dr #202			Naples, FL	34113	<b>,</b>
ST	Eugene Texter			400 Valley Stream Dr #105			Naples, FL	34113	;
D	James Dotalo			400 Valley Stream Dr #10			Naples, FL	34113	J
D	Martha Houck			400 Valley Stream Dr #204		Dr #204	Naples, FL	34113	,
D	Donald	l Bought	400	400 Valley Stream Dr #		Dr #205	Naples, FL	34113	}
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 filling 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 Eugene Texter, Sec/Treas 9/16/08 (239) 592-9688 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									

92400