**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 MAY 22 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~P91992~~ N21306

1. Corporation Name
The Commons Property Owners Association, Inc.

REINSTATEMENT
CR2E031 (12/07)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| c/o Ribek Corporation | c/o Ribek Corporation |
| Suite, Apt. #, etc. 720 Goodlette Rd #202 | Suite, Apt. #, etc. 720 Goodlette Rd #202 |
| City & State Naples, FL 34102 | City & State Naples, Florida |
| Zip 34102 Country USA | Zip 34102 Country USA |

4. Date Incorporated or Qualified To Do Business in Florida 06/24/87

5. FEI Number 650315208 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Ed Mace
Street Address (P.O. Box Number is Not Acceptable): 720 Goodlette Rd., #202
Suite, Apt. #, Etc.: #202
City: Naples State: FL Zip Code: 34102

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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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: 5-19-08
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 |
|---|---|---|---|
| Pres. | Jerry Nichols | 999 Vanderbilt Beach Rd #300 | Naples, FL 34109 |
| VP | Ed Mace | 720 Goodlette Rd #202 | Naples, FL 34102 |
| Sec. | John Wanklyn | 1100 Fifth Ave. S. #201 | Naples, FL 34102 |
| Tres | Dennis Lynch | 4081 9th St. N | Naples, FL 34103 |
| Sec. | Joan Ellis | 710 Goodlette Rd. N | Naples, FL 34102 |
| | | | |

10. I certify that I am an officer or director of 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: _____ V.P. 5-19-08 239 263-8257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell MAY 22 2008