

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 MAY -1 PM 4: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38585

1. Corporation Name

METROPOLITAN BUSINESS AND MEDICAL
PARK ASSOCIATION, INC.

2. Principal Office Address

12734 Kenwood Ln

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite 80

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Zip

33907

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

June 11, 1990

5. FEI Number

65-0240819

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

Bernard J. DeWolfe

Street Address (P.O. Box Number is Not Acceptable)

12734 Kenwood Lane, Suite 80

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

REGISTERED AGENT MUST SIGN

Date

4/26/2006

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
PD	Bernard J. DeWolfe	12734 Kenwood Ln, Ste 80	Ft. Myers, FL 33907
VPD	Gina DeWolfe	12734 Kenwood Ln, Ste 80	Ft. Myers, FL 33907

100073705611

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:

Bernard J. DeWolfe

Date

4/26/06

Daytime Phone #

(239)

433-3433



CORPORATION SERVICE COMPANY

292

ACCOUNT NO. : 072100000032

REFERENCE : 067493 81805A

AUTHORIZATION

A handwritten signature in cursive script, appearing to read "Spencer", is written over the word "AUTHORIZATION".

COST LIMIT : \$367.50

ORDER DATE : April 27, 2006

ORDER TIME : 10:50 AM

ORDER NO. : 067493-005

CUSTOMER NO: 81805A

DOMESTIC FILINGS

NAME: METROPOLITAN BUSINESS AND
MEDICAL PARK ASSOCIATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret - Ext# 2949

EXAMINER'S INITIALS _____