PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION Jim Smith 03 JAN 21 AM 11:06 REINSTATEMENT Secretary of State SECRETARY OF STATE TALLAHASSFE, FLORIDA DIVISION OF CORPORATIONS DOCUMENT # N41382 1. Corporation Name DEVONSHIRE CLUB CONDOMINIUM ASSOCIATION, 2700009787607 01/21/03--01044--016 **61.25 W02 - 351942. Principal Office Address 3. Mailing Office Address REINSTATEMENT 94-03 830 3RD STREET SOUTH SAME Suite, Apt. #, etc. 4. Date Incorporated or Qualified -To Do Business in Florida 07/26/1991 City & State City & State 5. FEI Number Applied For NAPLES_FL 54-1590711 Not Applicable Zip Country Zip Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 34102 for a Certificate of Status 7. Name and Address of Current Registered Agent Name J. EARL WIVELL Street Address (P.O. Box Number is Not Acceptable) 700009787607 830 3RD STREET SOUTH Suite, Apt. #, Etc. City Zip Code State NAPLES 34102 8. I, being appointed the registered am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S Signature of Registered Agent REGISTERED AGENT MUST 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Titles City / State / Zip Officers and/or Directors Officer and/or Director 305 PANORAMA DRIVE MARTHA COPENHAVER MARION, VA 24354 WILLIAM_NISONGER 1931 PINE RIDGE LANE BLOOMFIELD HILLS, MI 48302 J. EARL WIVELL 830 3RD STREET SOUTH NAPLES, FL 34102 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 under section 119.07(3)(i), 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, 248-646-1800 Daytime Phone # SIGNATURE:

STF FL32524F.1

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1-14-03 Sear Foren, Deare Jend Check for 61.25 en Closed to Cover 2003 Tay you had not return cleak for 726.25 = So Jam sending add 61.25 This should take care of the problem. A zon kause a gesetien please call Jun Wenell at 2396490533 Hand you Wicument Olevanhier Club Condo associata