REINSTATEMENT

| KEINSTATEIVIENT | | | | | | | |
|--|---|---|--|---|---|---|--|
| DOCUMENT # N45845 1. Entity Name OLD PELICAN BAY VILLAGE, UNIT 6, CONDOMINIUM ASSOCIATION, INC. | | | | | | | |
| Principal Place of Business Mail | | Mailing Address 9760 CYPRESS LAKE DRI | Mailing Address 9760 CYPRESS LAKE DRIVE | | 05 JUN 20 FM 1: 12 | | |
| FT MYERS, F | L 33919 | FT MYERS, FL 33919 | _ | 1 IEEHEN 201 | K(12) Simi linii sikul sin bisii sisii | | ki si 1991 |
| 1217 | 1ece al Business O Si PSta Dr | | esta Dr | | | | |
| tolt myls sch t | | Suite, Apt. #, etc. | TORT MYRES BEN P | | WILLIAM ! | E099 (6/04) 0 | 105 lied For |
| | | 22921 1 | Zip Country | | 3213 of Status Desired | \$8.75 Additi | Applicable ional |
| Name and Address of Current Registered Agent Name Name | | | | 7. Name and | 7. Name and Address of New Registered Agent | | |
| JOHNSON, RONALD F 9760 CYPRESS LAKE DRIVE FT. MYERS, FL 33919 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| City T | | | | Ded My | Myss Beach -Lorida FL 33931 | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE ROYALD F. JOHNSON CONTEXT Registered Agent lignature required when reinstating) DATE OF THE PROPERTY REGISTERED AGENT REGISTERED STATE STA | | | | | | | |
| | Signature, typed or printed name of registered agent a | nd title il applicable. (NOTE: F | Registered Agent (dgrad | ure required when reinstating) | DAT | E | |
| FII | LE NOW!!! FEE IS \$122.50 | In accordance corporation di | | 3(2)(b), F.S., the e prior notice. | Make ch Florida Dep | ack payable to partment of Sta | tas |
| FII | LE NOW!!! FEE IS \$122.50 | In accordance corporation di | e with s. 607.19 | 3(2)(b), F.S., the e prior notice. | Make ch | eck payable to partment of Star DIRECTORS IN 1 | tes |
| <u></u> | LE NOW!!! FEE IS \$122.50 | In accordance corporation di | e with s. 607.19 d not receive th | 3(2)(b), F.S., the e prior notice. ADDITIONS/CHA | Make ch Florida Dep | eck payable to partment of Star DIRECTORS IN 1 | tas |
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: