

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SEP - 1 AM 11:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N92000000478 1. Corporation Name SWAN LAKE SOUTH HOMEOWNERS ASSOCIATION, INC					
2. Principal Office Address 14761 ROYAL OAK CT. Suite, Apt. #, etc.		3. Mailing Office Address 14761 ROYAL OAK CT. Suite, Apt. #, etc.		700040725527 09/01/04--01019--003 **848.75	
City & State FT. MYERS, FL.		City & State FT. MYERS, FL.		4. Date Incorporated or Qualified To Do Business in Florida 8/26/94	
Zip 33919	Country LEE	Zip 33919	Country LEE	5. FEI Number 75-3164840	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 PATRICK S CLARK					
Street Address (P.O. Box Number is Not Acceptable) 14761 ROYAL OAK CT.					
Suite, Apt. #, Etc.					
City FORT MYERS				State FL	Zip Code 33919
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 Patrick S Clark				Date 8/28/04	
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		
P	PATRICK S. CLARK	14761 ROYAL OAK CT.	FORT MYERS, FL 33919		
VP	VINCENT G. TOLISANO	14760 ROYAL OAK CT.	FORT MYERS, FL 33919		
T	THEODORE D. ALTHOUSE	14801 ROYAL OAK CT.	FORT MYERS, FL 33919		
S	GARY MAISEL	14790 ROYAL OAK CT.	FORT MYERS, FL 33919		
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)(f), 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: Patrick S Clark				Date: 8/28/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Daytime Phone #					

CPRE081 (01/04)