APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01 DEC 28 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2001

DOCUMENT # N95000001886

1. Corporation Name
Egret's Walk Condominium Association, Inc.

2. Principal Office Address	3. Mailing Office Address
c/o Guardian Prop. Mgmt. 6700 Lone Oak Blvd.	c/o Guardian Prop. Mgmt. 6700 Lone Oak Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Naples FL	Naples FL
Zip 34109 Country USA	Zip 34109 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 4/20/95

5. FEI Number 65-0576429 ☐ 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

800004749813--5
-01/04/02--01008-013
****236.25 ****236.25

Name: Byron Ross

Street Address (P.O. Box Number is Not Acceptable): c/o Guardian Property Management

Suite/Apt. #, Etc.: 6700 Lone Oak Blvd

City: Naples State: FL Zip Code: 34109

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 X [signature] REGISTERED AGENT MUST SIGN Date X 12-24-01

CR2E081 (9/00)

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
D	Tom Cecil	1025 Egret's Walk Circle #102	Naples FL 34109
P	Charles Kron	971 Egret's Walk Circle #201	Naples FL 34109
D	Pat Allen	989 Egrets Walk Circle #101	Naples FL 34108
D	Robert Meyers	1054 Egrets Walk Circle # 201	Naples FL 34108
D	Robert Di Benedetto	1025 Egrets Walk Circle #204	Naples FL 34108

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.

SIGNATURE X Pat Allen X 12-24-01 X 514-7432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 377916 9725B

AUTHORIZATION :

COST LIMIT : $ PREPAID

ORDER DATE : November 9, 2001

ORDER TIME : 8:52 AM

ORDER NO. : 377916-010

CUSTOMER NO: 9725B

File 1st

CUSTOMER: Ms. Kathy Famulare
Roetzel & Andress
Trainon Centre, Third Floor
850 Park Shore Drive
Naples, FL 34103

DOMESTIC FILINGS

NAME: EGRET'S WALK CONDOMINIUM ASSOCIATION, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
X_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Betty Young EXT: 1112

EXAMINER'S INITIALS: _____

RECEIVED
01 DEC 28 AM 9:41