## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE TALL AHASSEE, FLORIDA  Villages at Buckingham association, tuc.  2. Principal Office Address  15664 Springline lave Sulte, Apt. #, etc.  3. Mailing Office Address  15664 Springline lave Sulte, Apt. #, etc.  4. Date incorporated or Qualified to Do Business in Florida  To Do Business in Florida  The Myers Florida Fr. Myers Florida  The Myers Florida Fr. Myers Florida Country  The Myers Florida Fr. Myers Florida Fr. Myers Florida Gountry  The Myers Florida Gountry  The Myers Florida Gountry  The Myers Florida Gountry  The Myers For require for Certificated Status  The Myers Florida Gountry  T		PORATION STATEMENT	FLO	ORIDA DEPARTMEN  Katherine Hai  Secretary of Si  DIVISION OF CORPOR	rris tate			FILED.	R: 45	
2. Principal Office Address  1.5 664 S. Driving live lave  1.5 664 S. Driving live lave  Suite, Agt. 8, etc.  1.5 664 S. Driving live lave  Suite, Agt. 8, etc.  1.5 664 S. Driving live lave  Suite, Agt. 8, etc.  1.5 664 S. Driving live lave  Suite, Agt. 8, etc.  1.6 Data Incorporated or Qualified To Do Business in Florida  1.7 1/97  S. FEI Number  Applied For Port Aggles For Ory 4/1.23  R. Gentificate of Status Desired  Street Address of Country  Street Address of Country  Street Address of Country  F. Name and Address of Current Registered Agent  3.36 .25 - KAM  Street Address of Country  F. Name and Address of Current Registered Agent  Street Address of Country  F. Name and Address of Current Registered Agent  State   Social Street Address of Country   State   Social Street   Social St	Copyrigue					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Sulle, Ap. 8, etc.  City & State  F. 1. M. 1	Villages at Buckingham association, Inc.									
Suite, Apt. 8, etc.  Suite, Ap	2. Principal Office Address			3. Mailing Office Address		REIN	SIAIE	MEN		
City & State  Ft. Myess Florida Ft. Myers Florida Ft. Myers Florida Country  33905  7. Name and Address of Current Registered Agent  Street Address (P.O. Box Namber's Not Acceptable)  Street Address (P.O. Box Namber's Not Acceptable)  Street Address (P.O. Box Namber's Not Acceptable)  Ft. Myess  Street Address (P.O. Box Namber's Not Acceptable)  Titles  Name Street Address (P.O. Box Namber's Not Acceptable)  Name Of Officers and/or Director (Profide nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Titles  Officers and/or Directors  Titles  Officers and/or Directors  To Application (P.O. Box Namber's Name of Officers and/or Directors  Titles  Officers and/or Directors  To Application (P.O. Box Namber's Nam						<b> </b>		. 017		
City & State  F. M. Mess Florida F. M. Mers Florida F. M. Mers Florida F. M. Mares F. Country  33905 Country  7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  8. FEI Number  6. CERTIFICATE OF STATUS DESIRED  7. Name and Address of Current Registered Agent  8. Sulte, Apr. F. Etc.  8. Leting 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.  8. Leting 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.  8. Signature of Registered Agent  8. Names and Street Addresses of Each Officer and/or Director (Forda nonprofit corporations must list all least 3 directors)  9. Names of Officer and/or Director Forda nonprofit corporations must list all least 3 directors  7. Mare of Officer and/or Director Forda nonprofit corporations must list all least 3 directors  8. The Mark F. March F. 33905  7. D. Auch David David Source F. March F. 33905  7. D. Auch David David Source F. March F. 33905  8. D. Auchory Received P. Source Registered Agent F. March F. 33905  8. D. Auchory Received P. Source Registered Agent F. March F. 33905  9. D. Auchory Received P. Source Registered Agent F. March F. 33905  9. D. Auch David David Source Registered Agent F. March F. 33905  9. D. Auchory Received P. Source Registered Agent F. March F. 33905  10. Certify that I am an officer or director or the receiver or matee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this refrestreement 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 cowed by the corporation have been paid and the names of individual size of this ford on on equally for a composition reviewed by the opposition reviewed by the opposition reviewed by the opposition reviewed by t	Suite, Apt. #	, etc.	Sun	ite, Apt. #, etc.						
Not Applicable  The street Address (P.O. Box Number is Not Acceptable)  Sute of Address (P.O. Box Number is Not Acceptable)  To Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  3. Sute of Address (P.O. Box Number is Not Acceptable)  Sute of Address of Section 607.0505 or 617.6503, F.S. Supplied (P.O. Box Number is Not Acceptable)  Sute of Address of Each Officer and/or Director (Plorido nonprofit corporatione must list at least 3 directors)  Name of Court of Treatment of Court				City & State		I I I I I I I I I I I I I I I I I I I				
33905 234 33905 234 33905 234 CERTIFICATE OF STATUS DESIRED 34 Address after the status of the statu	F+.	Myers, Flor	rida F	t. Myers, Fla	65 0 7 4 1/2 3 Not Applicable					
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #. Etc.  Suite, Apt	339	905	3A 3	33905	" US A	6. CERTIFICATE	OFFICIAL OF STATUS DESIDED [17] STREET STREET STREET			
Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City Ft. Myers  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  P. 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 Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Directors  Officers and/or Directors  Officers and/or Directors  Titles  Name of Officers and/or Directors  Officers	7. Name and Address of Current Registered Agent									
Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. 8. Etc.  Signature of Registered Agent Addresses of Suite, Apt. 8. Etc.  Apt. Suite, Apt. 8. Etc.  Signature of Registered Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Signature of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Director (Florida nonprofit corporation must list at least 3 directors)  Signature of Officers and/or Director (Florida nonprofit corporation and policetor)  Signature of Officers and/or Director (Florida nonprofit corporation and policetor)  Signature of Officers and/or Director (Florida nonprofit corporation and policetor)  Signature of Officers and Policetor of Inc. App. Fl. 33905  Signature of Officers and Or Director of Inc. App. Fl. 33905  Signature of Officers and Or Director of Inc. App. Fl. 33905  Signature of Officers and Or Director of Inc. App. Fl. 33905  Signature of Officers and Or Director of Inc. App. Fl. 33905  Signature of Officers and Or Director Officers and O	•									
Sulte, Apt. #, Etc.  Suppose Sulter    State    FL		Street Address (P.O. Box Number is Not Acceptable)								
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 F.S.  Signature of Registered Agent	`•	Sulte, Apt. #, Etc. 50005970915								
8. I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0503, F.S.  Signature of Registered Agent  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/D Roy Freeman    5621 Spring line line   Ft. Myers, Ft. 33905   T/D Henry Frechette   15618 Survey Crest lane   Ft. Myers, Ft. 33905   SID Anthory Rodin   15615 Springline lane   Ft. Myers, Ft. 33905   D Grant lairtman   15574 Horseshoe lane   Ft. Myers, Ft. 33905   Total line for 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporation name satisfies the requirements of section 607, 617, 618, that all flees oved by the corporation have been paid and the names of individuals issed on this form do not qualify for an exemption under section 119,07(3)(6, F.S. The information indicated	, ,	city Ft Myaci					State ZiniGode 297 50 ****>97 50			
Signature of Registered Agent  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  Officer and/or Director  PD Roy Freeman  15621 Spring line line Ft. Myers, Ft. 33905 1  VID David Davaldson 15649 Spring line lave Ft. Myers, Ft. 33905 1  T/D Henry Frechette  15618 Survey Crest lave Ft. Myers, Ft. 33905  51D Anthony Rodio  15615 Springline lave Ft. Myers, Ft. 33905  D Grunt Girtman  15574 Horseshoe lave Ft. Myers, Ft. 33905  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 817, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 817, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 817, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 817, D401, F.S., that all fees owed by the corporation have been peak and the names of Individuals listed on this form do not qualify for an exemption under section 119.07(30), F.S. The information indicated										
Name of Officers and/or Directors  Name of Officers	Signature of Registered Agent Date 6/6/07									
P/D Roy Freeman 15621 Spring live have Ft. Myors, FL 33905 1  V/D David Dowaldson 15664 Spring live lave Ft. Myors, FL 33905 1  T/D Heary Frechette 15618 Survey Crest lave Ft. Myors, FL 33905  5/D Anthony Rodio 15615 Springlive lave Ft. Myors, FL 33905  D Grant Girtman 15574 Horseshoe lave Ft. Myors, FL 33905  10.1 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 filling 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)(1), F.S. The information indicated	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
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 filling 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	Titles						City / State / Zip			
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 filling 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	P/D	Roy Freeman 1562			Spring lin	re live	Ft.M.	ord, FL 339	105 1	
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 filling 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	V/0	David D	waldse	on 1564	Spring lin	e love	Ft. Myers	FL 3390	5	
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 filling 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	Th	Henry Fr	echette	15618	Sunne Co	est love	Ft. Mises	x. FL 3390	05	
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 filling 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	5/D	Anthons	Rodic	15615	Springline	lave	Ft. M.	ers, F1-339	05	
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	$\overline{D}$	Const 1	istman	15574	Horsesho	e lave	Ft. My	ors. FL339	105	
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					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7	· · · · · · · · · · · · · · · · · · ·		
SIGNATURE: SIGNATURE AND WPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 6 16 10 1 Daytime Phone #										