PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC 27 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002630

1. Corporation Name

Bonita Professional Center Lot Owner's Association, Inc.

Principal Place of Business / Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
8953 Terrene Ct
Suite, Apt. #, etc.
City & State: Bonita Springs FL
Zip: 34135 Country: USA

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 5/9/97

5. FEI Number: X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Ted Schiafone (D)	8953 Terrene Ct.	Bonita Springs FL 34135
Secr.	Kathy Haskins (D)	10956 Enterprise Ave.	Bonita Springs FL 35135
Trea.	Ziad Shahla (D)	5281 Cherrywood Dr.	Naples, FL 34119

TS 98-99

8. Name and Address of Current Registered Agent
Kevin F. Jursinski, Esq.
2222 Second Street
Fort Myers, FL 33901

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code

200003691912--9
-01/07/00--01001--004
****297.50 FL ****297.50

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Kevin F Jursinski
REGISTERED AGENT MUST SIGN
Date 12/6/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: [signature] Ted Schiafone President — 11-29-99 — 941-994-0162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #