PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN 15 AM 9:04
[illegible] STATE
[illegible] FLORIDA

DOCUMENT # N97000003368

1. Corporation Name

Augusta at Pelican Marsh Homeowners Association INC.

W06 – 21703

REINSTATEMENT 01-06
CR2E081 (12/05)

2. Principal Office Address	**3.** Mailing Office Address
2335 9th ST. No.	
Suite, Apt. #, etc.: #505	Suite, Apt. #, etc.
City & State: Naples, FL	City & State
Zip: 34103 Country: Collier	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/11/1997

5. FEI Number: 593451542 ☐ 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: Therese A. Wagner

Street Address (P.O. Box Number is Not Acceptable): 2335 9th ST. No. #505

Suite, Apt. #, Etc.:

City: NAPLES State: FL Zip Code: 34103

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: [signature] Date: 4/26/05

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
D P	William Rapps	2517 Augusta Dr.	Naples FL 34109
D T	Dean deBuhr	2493 Augusta Dr.	Naples FL 34109
D S	Gene Blanchard	2509 Augusta Dr.	Naples FL 34109
		000078390650 06/20/06--01049--023 **305.25	
		000078390650 06/20/06--01049--024 **305.25	

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 contained in Chapter 119, 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: William Rapps 5/1/06 239-403-7991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

R Mitchell JUN 15 2006