PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 JUN -2 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000007103

REINSTATEMENT 99-00

1. Corporation Name
AWRJV OWNERS' ASSOCIATION, INC.

2. Principal Office Address	3. Mailing Office Address
11000-27 Metro Parkway	11000-27 Metro Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers, Fl.	City & State: Fort Myers, Fl.
Zip: 33912 / Country: Lee	Zip: 33912 / Country: Lee

4. Date Incorporated or Qualified To Do Business in Florida: 12/11/98

5. FEI Number: 65-1009064 — 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: Allen L. Hill
Street Address (P.O. Box Number is Not Acceptable): 11850-A Plantation Road
Suite, Apt. #, Etc.:
City: Fort Myers — State: FL — Zip Code: 33912

200003307922--7
-06/28/00--01070--006
****237.50 ****237.50

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: Allen L. Hill — REGISTERED AGENT MUST SIGN — Date 5/19/00

CR2E081 (3/99)

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
PTD	Scott Rivers	11000-27 Metro Parkway	Fort Myers, Fl. 33912
VSD	Allen Hill	11850-A Plantation Rd.	Fort Myers, FL 33912
D	Brooksy Q. Rivers	11000-27 Metro Parkway	Fort Myers, FL 33912

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: Allen L. Hill — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 5/19/00 — Daytime Phone # 941-936-5222

MAY-18 00(THU) 12:02 CSC TALL P.002