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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000026922					
1. Corporation Name FCR PROPERTIES, INC.					
2. Principal Office Address Post Office Box 7375			3. Mailing Office Address Post Office Box 7375		
4. Date, Apt. #, etc. Fort Myers, Florida			5. Date, Apt. #, etc. Fort Myers, Florida		
6. City & State Fort Myers, Florida			7. City & State Fort Myers, Florida		
8. Zip 33911		9. Country USA		10. Zip 33911	
11. Country USA		12. Date incorporated or qualified To do business in Florida 3/9/00		13. FEI Number 65-0014895	
14. Applied For ☐ Not Applicable		15. CERTIFICATE OF STATUS DESIRED ☐			
16. Name and Address of Current Registered Agent					
Name Anthony J. Gargano					
Street Address (P.O. Box Number is Not Acceptable) 2075 West First Street					
Suite, Apt. #, Bldg. #203					
City Fort Myers					
State FL		Zip Code 33901			
17. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0606 or 817.0603, F.S.					
Signature of Registered Agent Anthony J. Gargano					
Date June 23, 2003					
18. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)					
Name of Officer and/or Director					
Street Address of Each Officer and/or Director					
City / State / Zip					
D	Guy S. Paparella		16930 Timberlakes Drive		Fort Myers, FL 33908
D	Vinnie Nardi		16930 Timberlakes Drive		Fort Myers, FL 33908
19. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate debts satisfy the requirements of section 807.0401 or 817.0401, 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 19.07(5)(b), 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: Guy S. Paparella					
DATE: 6-23-03 TIME: 239-337-2280					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 521-1030

CORPORATION REINSTATEMENT

FCR PROPERTIES, INC.

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