

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY 30 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000004486

1. Corporation Name

PROPOLY, INC.

2. Principal Office Address

613 14th Ave So

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34102

Country

COLLIER

3. Mailing Office Address

613 14th Ave So

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34102

Country

COLLIER

REINSTATEMENT 03-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

1-8-02

5. FEI Number

26-0033992

Applied For

Not Applica

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee req
for a Certificate of Stat

7. Name and Address of Current Registered Agent

Name

CRAIG D. BLUME

Street Address (P.O. Box Number is Not Acceptable)

800 HARBOUR DRIVE

Suite, Apt. #, Etc.

300075973363

06/08/06--01008--023 **1200.00

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

REGISTERED AGENT MUST SIGN

Date 5-26-06

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
PSD	DONALD L. BROWN	613th 14th Ave So	Naples, FL 34102
T	ESTHER B. BROWN	613th 14th Ave So.	Naples, FL 34102

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 indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

DONALD BROWN, Pres

Donald Brown, Pres

5-25-06

Date

239-261-3716

Daytime Phone #