

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|   |                                   |   |                    |
|---|-----------------------------------|---|--------------------|
| <b>APPLICATION<br/>FOR<br/>REINSTATEMENT</b>  |                                   |  <b>FLORIDA DEPARTMENT OF STATE<br/>Glenda E. Hood<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b>   |                    |
| <b>DOCUMENT # P02000012687</b><br>1. Corporation Name<br><b>ROBERT A. ENRIGHT, III, P.A.</b>  |                                   | <b>FILED</b><br><b>05 DEC -8 AM 11:28</b><br><b>SECRETARY OF STATE<br/>TALLAHASSEE, FLORIDA</b>   |                    |
| <b>Principal Place of Business</b><br>12557 NEW BRITTANY BOULEVARD<br>SUITE 4<br>FORT MYERS FL 33907  |                                   |   |                    |
| <b>Mailing Address</b><br>12557 NEW BRITTANY BOULEVARD<br>SUITE 4<br>FORT MYERS FL 33907  |                                   | <b>REINSTATEMENT 03-05</b>  |                    |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below.   |                                   |   |                    |
| 2. New Principal Office Address, If Applicable<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country   |                                   | 3. New Mailing Office Address, If Applicable<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country   |                    |
| 4. Date Incorporated or Qualified To Do Business in Florida<br><b>01/30/2002</b>  |                                   | 5. FEI Number<br><b>01-0615565</b><br><div style="display: flex; justify-content: space-between;"><div>CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></div><div><b>\$8.75 Additional Fee required for a Certificate of Status</b></div></div>                           |                    |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   |                                   |   |                    |
| 1   | 2                                 | 3   | 4                  |
| Title(s)  | Name of Officers and/or Directors | Street Address of Each Officer and/or Director  | City / State / Zip |
| PD  | ENRIGHT, ROBERT A III             | 3120 ORANGE GROVE TRAIL   | NAPLES FL 34120    |
| 300062131173<br>12/14/05--01007--002 **1050.00  |                                   |   |                    |
| 8. Name and Address of Current Registered Agent<br><br><b>ENRIGHT, ROBERT A III<br/>3120 ORANGE GROVE TRAIL<br/>NAPLES FL 34120</b>   |                                   | 9. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>Suite, Apt. #, Etc.<br><br>City<br><div style="display: flex; justify-content: space-between;"><div>State<br/><b>FL</b></div><div>Zip Code</div></div> |                    |
| 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. or 617.0505, F.S.   |                                   |   |                    |
| Signature of Registered Agent<br><br><b>REGISTERED AGENT MUST SIGN</b>   |                                   | Date <b>12-5-05</b>   |                    |
| 11. 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: <br><b>ROBERT A. ENRIGHT, III</b>   |                                   | <b>12-5-05 239-274-8255</b>   |                    |

CR2E040 (7/03)