PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 AUG -3 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000115639

1. Corporation Name
North Bay Village - MM, Inc.

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08/03/10--01018--015 **1200.00

REINSTATEMENT 07-10

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
26381 South Tamiami Trail		26381 South Tamiami Trail	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Bonita Springs, FL		City & State Bonita Springs, FL	
Zip 34134	Country USA	Zip 34134	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/06/2006

5. FEI Number none — ☐ 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: J. Thomas Conroy, III

Street Address (P.O. Box Number is Not Acceptable): 2210 Vanderbilt Beach Road

Suite, Apt. #, Etc.: Suite 1201

City: Naples | State: FL | Zip Code: 34109

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 _____ Date 7/30/10
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
PT	James A. Nashman	26381 South Tamiami Trail, Suite 300	Bonita Springs, FL 34134
VS	Freida Lauer	26381 South Tamiami Trail, Suite 300	Bonita Springs, FL 34134

10. E-mail Address: jnashman@pelbaydev.com
(To be used for future annual report notification)

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. I further certify, 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: _____ 08/02/2010 239 498 5363 ext. 118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/3 am