

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000042364

**FILED**  
**Jun 18, 2012**  
**Secretary of State**

**Entity Name:** THE PARK APARTMENTS OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

13355 POND APPLE DRIVE EAST  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

13355 POND APPLE DRIVE EAST  
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:** 22-3212631

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NICI, JAMES R  
1185 IMMOKALEE ROAD SUITE 110  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES R. NICI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: MATTIS, NANCY  
Address: 13355 POND APPLE DRIVE EAST  
City-St-Zip: NAPLES, FL 34119

Title: DVPS  
Name: FOX, HENRIETTA Y  
Address: 4505 SNOWY EGRET DRIVE  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NANCY MATTIS

DPT

06/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date