

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 25 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PP3 000039686

1. Corporation Name

**ECO Properties of  
Southwest Florida, Inc**

2. Principal Office Address

15725 Tamiami Tr. N  
Suite, Apt. #, etc.

3. Mailing Office Address

15725 Tamiami Tr N  
Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34110

Country

USA

Zip

34110

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/27/1993

5. FEI Number

650448611

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

Robert H. Flynn

400025030074

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

15725 Tamiami Tr. N.

11/25/03--01045--007 \$75.00

Suite, Apt. #, Etc.

City

Naples, Florida

State

FL

Zip Code

34110

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

Robert H. Flynn

REGISTERED AGENT MUST SIGN

Date

11/24/2003

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
PD	Robert H. Flynn	15725 Tamiami Tr N.	Naples FL 34110
VD	Colin S. Flynn	15725 Tamiami Tr. N.	Naples FL 34110
SD	Andrew R. Benerofe	15725 Tamiami Tr. N	Naples FL 34110

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 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:

Robert H. Flynn, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/24/03 (259-777-4181)  
Daytime Phone #

CR2E081 (10/02)