PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 FEB 17 PM 4: 56	
DOCUMENT # Payooovy3681		SEURETARY OF STATE TALLAHASSEE, FLORIDA		
TOWN + COUNTRY	2000)66218232 		
103-571:3T		U2/2U/U6-	-01081026 **1765.00	
2. Principal Office Address /076 6000 LCTTE RD. ル	3. Mailing Office Address	EMSTA	[ERZEO81-(8/05)] 95-06	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or	Qualified	
City & State NAPLES, FL	City & State PAPCES, EC	To Do Business in F	Applied For	
Zip Country USA	Zip Country USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent Name				
ROY W. CRONACHER, JR. Street Address (P.O. Box Number is Not Acceptable) 1076 600 DLSTTE RD. N Suite, Apt. #, Etc. City NAPLES State Zip Code FL 34/07				
8. I, being appointed the registered agent of the above maned corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent				
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 Director		r	City / State / Zip	
		HOZ NAPLES, FL 34102		
V.P. JACQUELYN CONT	PI JACQUELYN CONTRACTOR SAME		51116	
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10. I certify that I am an officer or director of the receiver or justee 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #				
Date Daytime Phone #				

January 10, 2006

Sean Toner Senior Section Administrator Florida Division of Corporations Box 6327 Tallahassee, FL 32314

Dear Mr. Toner:

Enclosed please find our application for Corporation Reinstatement, your letter to our accounting firm, dated November 18, and a check for \$1,765.00. Please be advised that from 1995 onward we did not receive any original or second notices to file our annual reporting.

Sincerely

John P. Chandler, Controller

Town & Country Realty of Naples, Inc.

1076 Goodlette Road N.

Naples, FL 34102

Enclosures

February 14, 2006

Sean Toner Senior Section Administrator Florida Division of Corporations Box 6327 Tallahassee, FL 32314

Dear Mr. Toner:

Enclosed please find our application for Corporation Reinstatement and two checks in the amount of \$1,915.00 now due for reinstatement.

Also included is a copy of the letter our Controller sent to you on January 10 stating that from 1995 onward we did not receive any original or second notices to file our annual reporting. This was referred to in paragraph three of your letter to us on January 13, 2006. As you can see, we did include the letter requested in our previous application.

If you have any questions, please contact us.

Sincerely,

Janet Greenaway

Administrative Assistant

Town & Country Realty of Naples, Inc.

1076 Goodlette Road North

Naples, FL 34102

Enclosures