PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT 31 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-11/06/01--01076--001
****750.00 ****750.00

**DOCUMENT #** P94000051477

**1.** Corporation Name
Arboretum Corporation

**REINSTATEMENT** 2001

| **2.** Principal Office Address | | **3.** Mailing Office Address | |
|---|---|---|---|
| 1264 Villa Portafino | | 1264 Villa Portafino | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Naples, FL | | Naples, FL | |
| Zip | Country | Zip | Country |
| 34108 | USA | 34108 | USA |

**4.** Date Incorporated or Qualified To Do Business in Florida 07/12/94

**5.** FEI Number 650509691 — Applied For / Not Applicable

**6.** CERTIFICATE OF STATUS DESIRED XX $8.75 Additional Fee required for a Certificate of Status

**7.** Name and Address of Current Registered Agent

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******8.75 ******8.75

Name
Mr. William Rosenthal

Street Address (P.O. Box Number is Not Acceptable)
4071 Williams Road

Suite, Apt. #, Etc.

LS

| City | State | Zip Code |
|---|---|---|
| Estero | FL | 33928 |

**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 William Rosenthal Date 10-17-01
REGISTERED AGENT MUST SIGN William Rosenthal

CR2E081 (9/00)

**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 |
|---|---|---|---|
| P/D | Sylvia Rosenthal | 1264 Villa Portafino | Naples, FL 34108 |
| T/D | Mr. William Rosenthal | 4071 Williams Road | Estero, FL 33928 |
| | | | |
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| | | | |

**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:** William Rosenthal WILLIAM ROSENTHAL 10-17-01 941-498-9537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William Rosenthal