


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

DOCUMENT # PA4000051477

1. Corporation Name
 Arboretum Corporation

100004669431--0
 -11/06/01--01076--001
 ****750.00 ****750.00

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

REINSTATEMENT 2001

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 \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent 100004669431--0

Name Mr. William Rosenthal
 Street Address (P.O. Box Number is Not Acceptable) 4071 Williams Road
 Suite, Apt. #, Etc. LS
 City Estero State FL Zip Code 33928

-11/06/01--01076--002
 *****8.75 *****8.75

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

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

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 William Rosenthal Date 10-17-01 Daytime Phone # 941-498-9537

CR2001 (2/00)