PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 OCT 24 PM 3:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000003315

1. Corporation Name

Estero Realty, Inc.

2. Principal Office Address	**3.** Mailing Office Address
19059 S. Tamiami Tr	P.O. Box 389
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers, FL	City & State: Estero, FL
Zip: 33912 Country: U.S.A.	Zip: 33928 Country: U.S.A.

105/07/99 90153 043 15875

4. Date Incorporated or Qualified To Do Business in Florida: 1-12-98

5. FEI Number: ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 (Affects Fee Amount)

7. Name and Address of Current Registered Agent

200003449102--5
-11/02/00--01078--016
****750.00 ****750.00

Name: Katherine E. Flaherty

Street Address (P.O. Box Number is Not Acceptable): 10730 Goodwin

Suite, Apt. #, Etc.:

REINSTATEMENT 9970

City: Bonita Springs | State: FL | Zip Code: 34135

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: Katherine E. Flaherty — Date: 10-12-2000
REGISTERED AGENT MUST SIGN

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
Pres	Katherine E. Flaherty	10730 Goodwin	Bonita Springs, FL 34135
V.P	Katherine E Flaherty	10730 Goodwin	Bonita Springs, FL 34
Sec	Katherine E Flaherty	10730 Goodwin	Bonita Springs, FL 341
Treas	Theresa Stephens	830 95th Avenue N.	Naples, FL 34108

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: Katherine E. Flaherty — 10-12-2000 — 941-489-3636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Katherine E. Flaherty