PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

99 DEC 21 PM 12: 30 DIVISION OF CORPORATIONS P98000012702 CRETARY OF STATE DOCUMENT# TARLAHASSEE, PEORIDA 1. Corporation Name CORPORATE OFFICE PARK OF FORT MYERS. INC. Principal Place of Business Mailing Address 150 COOQLETTE NO.: SUITE 700 NAPLES FE 34102 NAPLES, FL If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified 266 Fairway 02/09/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State NIAPL FL Country A Zip Country 34110 CERTIFICATE OF STATUS DESIRED [] 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director City / State / Zip Title(s) and/or Directors D HUDSON, JANIS S 266 FAIRWAY CIRCLE NAPLES FL 34110 D BICE, JUDITH A 6400 BOTTLEBRUSH LANE NAPLES FL 34109 9888889 -12/29/99--01104--002 ****200.00 ****200.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Y-GANOTE HUDSON, JANIS S Street Address (I 266 FAIRWAY CIRCLE NAPLES FL 34110 Suite, Apt. #, Etc Zip Code poration, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the regis Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

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

SIGNATURE:

SEFFREY P. GANOTE 19/20/99 ATURE AND TYPEY OR PRINTED NAME OF SIGNING OFFICER OR DIRECT