PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000095970

1. Corporation Name

MARSH HARBOR AT PALM VALLEY COMMERCIAL INVESTMENTS, INC.

REINSTATEMENT 00

2. Principal Office Address		3. Mailing Office Address	
1135 Ponte Vedra Blvd.		1135 Ponte Vedra Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Ponte Vedra Beach, Florida		Ponte Vedra Beach, Florida	
Zip	Country	Zip	Country
32082	US	32082	US

4. Date Incorporated or Qualified To Do Business in Florida: 11/01/1999

5. FEI Number: 59-3606434 ☐ 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

Name: Bartlett, Baron L.

Street Address (P.O. Box Number is Not Acceptable): 50 A1A North

Suite, Apt. #, Etc.:

City	State	Zip Code
Ponte Vedra Beach	FL	32082

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: _____ REGISTERED AGENT MUST SIGN Date: 10/11/00

CR2E061 (9/93)

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
DPT	Wayne O. Manning	1135 Ponte Vedra Blvd.	Ponte Vedra Bch, FL 32082
DS	Gary A. Carter	1135 Ponte Vedra Blvd.	Ponte Vedra Bch, FL 32082
			AD

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.

H00000054263

SIGNATURE: _____ Wayne O. Manning, President 10/11/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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CORPORATION REINSTATEMENT

MARSH HARBOR AT PALM VALLEY COMMERCIAL INVESTMENTS,

Certificate of Status	0
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