2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000099642

City-St-Zip:

LONGBOAT KEY, FL 34228

FILED Dec 20, 2004 Secretary of State

| Entity Name: FTL OF SOUTHWEST FLORIDA, INC. | | | | | | |
|--|---|-----------|-----------------------|---|-------------------------|--|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
| 1644 HAWTHORNE ST. SARASOTA, FL 34239 | | | | 1894 DATURA STREET SARASOTA, FL 34239 | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| 1644 HAWTHORNE ST. SARASOTA, FL 34239 | | | | PO BOX 8125 LONGBOAT KEY, FL 34228 | | |
| FEI Number: 65-0960791 FEI Number Applied For () FEI Nu | | | nber Not Applicable() | Certificate of Status Desired (X) | | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | |
| MORAN, MICHAEL 1800 2ND ST, SUITE 850 SARASOTA, FL 34236 US | | | | MORAN, MICHAEL 2201 RINGLING BLVD. SUITE 202 SARASOTA, FL 34237 US | | |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | | | | | | |
| SIGNATURE: MICHAEL MORAN | | | | 12/20/2004 | | |
| Electronic Signature of Registered Agent | | | | | Date | |
| Election Campaign Financing Trust Fund Contribution (). | | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | DPS (STARR, CHAR 4030 GULF OF LONGBOAT KI | MEXICO DR | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DVP (WITTLINGER, 4030 GULF OF LONGBOAT KI | MEXICO DR | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | DT (WITTLINGER, 4030 GULF OF | | | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CHARLES L. STARR III PRES 12/20/2004