PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 SEP 17 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V51098

1. Corporation Name
COLLEGE PARK PHASE II, INC.

Principal Place of Business
3838 TAMIAMI TRAIL NORTH
NAPLES, FLORIDA 34103

Mailing Address
3838 TAMIAMI TRAIL NORTH
NAPLES, FLORIDA 34103

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 93-98

2. New Principal Office Address, If Applicable
3838 TAMIAMI TRAIL N.
Suite, Apt #, etc
City & State
NAPLES, FLORIDA
Zip 34103 Country USA

3. New Mailing Office Address, If Applicable
3838 TAMIAMI TRAIL N.
Suite, Apt #, etc.
City & State
NAPLES, FLORIDA
Zip 34103 Country USA

4. Date Incorporated or Qualified To Do Business in Florida
August 12, 1992

5. FEI Number
[X] Applied For
[ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]
$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D,P,T	JERRY J. WILLIAMS	3838 TAMIAMI TRAIL N.	NAPLES, FLORIDA 34103
V,S	TERRY D. WILLIAMS	3838 TAMIAMI TRAIL N.	NAPLES, FLORIDA 34103
			300002645969--4 -09/22/98--01041--018 ***1508.75 ***1508.75

8. Name and Address of Current Registered Agent
THOMAS D. WRIGHT
FIRST PROFESSIONAL CENTRE, STE 17
MARATHON, FLORIDA 33050

9. Name and Address of New Registered Agent
Name
KEVIN R. LOTTES, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
4001 TAMIAMI TRAIL N., STE 300
Suite, Apt. #, Etc.
City NAPLES, FLORIDA State FL Zip Code 34103

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent K. R. Lottes
REGISTERED AGENT MUST SIGN
Date 9/16/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [ ] No [✓]
(See other side for information on intangible tax.)

12. 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: [signature] 9/16/98 (941) 403-5101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #