

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 APR 28 AM 10: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

200033982352
04/26/04--01073--013 **297.50

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N41503			
1. Corporation Name Association Of Rolling River Owners, Inc.			
2. Principal Office Address 12800 University Drive		3. Mailing Office Address 12800 University Drive	
Suite, Apt. #, etc. 400		Suite, Apt. #, etc. 400	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33907	Country USA	Zip 33907	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/03/1991	
5. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Scott W. Callahan ESQ, Stump, Storey & Callahan, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 37 North Orange Avenue	
Suite, Apt. #, Etc. 200	
City Orlando	State Zip Code FL 32801

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: Scott W. Callahan Date: 4/14/04

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
PD	Michael Rosen	12800 University Drive, Ste 400	Fort Myers, FL 33907
VD	Dave Clark	12800 University Drive, Ste 400	Fort Myers, FL 33907
D	James Schoen	550 Mamaroneck Ave.	Harrison, NY 10528

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)(l), 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] Date: 4/20/04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)