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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 OCT 27 AM 9:24

FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000003414

1. Corporation Name
SABBIA MONTI PROPERTY OWNERS ASSOCIATION, INC.

2. Principal Office Address 1107 WEST MARION AVENUE,		3. Mailing Office Address 1107 WEST MARION AVENUE	
Suite, Apt. #, etc. #112		Suite, Apt. #, etc. #112	
City & State PUNTA GORDA, FLORIDA		City & State PUNTA GORDA, FLORIDA	
Zip 33950	Country USA	Zip 33950	Country USA

CR2E081 (12/05) 05-06

REINSTATEMENT I

4. Date Incorporated or Qualified To Do Business in Florida **05/07/2002**

5. FEI Number	Applied For
	<input checked="" type="checkbox"/> 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 **JAMES E. MOORE, III**

Street Address (P.O. Box Number is Not Acceptable) **1107 WEST MARION AVENUE**

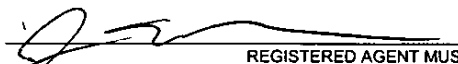
Suite, Apt. #, Etc. **#112**

City **PUNTA GORDA**

State **FL** Zip Code **33950**

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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.

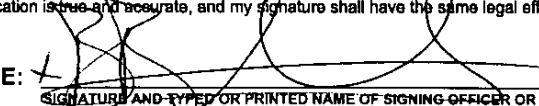
Signature of Registered Agent  **JAMES E. MOORE, III** Date **10/25/06**

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
P, D	BOUCKAERT, BRUNO	C/O 3005 Caring Way	PORT CHARLOTTE, FL. 33952
VP, D	HERSTON, JAMES	992 Tamiami Trail, Unit 1	PORT CHARLOTTE, FL. 33953
ST, D	LORICCO, CARL	3005 Caring Way	PORT CHARLOTTE, FL. 33952

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 contained in Chapter 119, 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:  **BRUNO BOUCKAERT** Date **10/25/06** Daytime Phone # **(941) 637-1955**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 27 2006

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**Moore and
Waksler, P.L., Attorneys at Law**

1107 W. Marion Ave., Ste. 112
Punta Gorda, Florida 33950
Telephone: (941) 637-1955
Facsimile: (941) 637-8485
mwlaw@moore-wakslerlaw.com

October 25, 2006

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

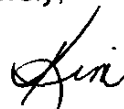
Dear Sir or Madam:

Enclosed please find the completed Corporation Reinstatement Form for Sabbia Monti Property Owners Association, Inc. along with our check #7412 in the amount of \$306.25 which represents the reinstatement fee for a non-profit corporation administratively dissolved as of 9/16/2005 .

Please process this request in the most expeditious manner possible and return the Certificate of Status to the undersigned in the pre-paid overnight UPS envelope provided.

Your kind consideration in this matter is most appreciated.

Sincerely,



Kim Marie Maugeri for
James E. Moore, III

/kmm

enclosures