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FILED

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name
Kathleen Properties Subdivision Association, Inc.
Document #NO2000008846

200253782802

CR2E0B1 (11/10)

2. Principal Office Address - No P.O. Box # c/o McKesson Corporation 1515 Kendrick Lane <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address c/o McKesson Corporation Office of the Secretary One Post Street 35 th Floor <small>Suite, Apt. #</small>	
City & State Lakeland, FL		City & State San Francisco, CA	
Zip 33805	County	Zip 94104	County

4. Date Incorporated or Qualified To Do Business In Florida November 15, 2002	
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <small>SR 75 Additional Fee required for a Certificate of Status</small>	

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is NOT Acceptable)
1201 Hays Street

Suite, Apt. #, etc.
Suite 105

City
Tallahassee

State
FL

Zip Code
32301-2525

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 *Sue G. Knight* Sue G. Knight Date 11-12-13
REGISTERED AGENT MUST BE ASSISTANT VICE PRESIDENT

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
D/P/AS	Rob Burdick	1515 Kendrick Lane	Lakeland, Florida 33805
D/S/T	Cindy Thornton	1515 Kendrick Lane	Lakeland, Florida 33805
D	R. Randolph Simmons III	13112 Telecom Drive	Tampa, Florida 33637
AS	Melissa Wu	One Post Street 35 th Fl.	San Francisco, CA 94104
AS	Karon M. Pineda	One Post Street 35 th Fl.	San Francisco, CA 94104

10. E-mail Address: melissa.wu@mckesson.com (To be used for future annual report notifications)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 817.155, F.S.

SIGNATURE: *Melissa Wu* Melissa Wu, Asst. Secretary 11/11/13 (415) 983-8864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JA
K. ASHTON



CORPORATION SERVICE COMPANY

2012

ACCOUNT NO. : I20000000195

REFERENCE : 880507 4392992

AUTHORIZATION : *[Signature]*

COST LIMIT : \$2100.00

ORDER DATE : November 11, 2013

ORDER TIME : 2:59 PM

ORDER NO. : 880507-010

CUSTOMER NO: 4392992

DOMESTIC FILINGS

NAME: KATHLEEN PROPERTIES
SUBDIVISION ASSOCIATION, INC.

RECEIVED
DEPARTMENT OF STATE
13 NOV 12 PM 4:29

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 52956

EXAMINER'S INITIALS _____