

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 16 AM 8:01

DOCUMENT # **W02071**

1. Corporation Name

One Douglas Place II Association, Inc.
N02071

2. Principal Office Address

110 West Orange Street

Suite, Apt. #, etc.

3. Mailing Office Address

110 West Orange Street

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

Zip

32714

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/84

5. FEI Number

☒

Applied For

☐ 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

Russell Goldberg

Street Address (P.O. Box Number is Not Acceptable)

118 West Orange Street

Suite, Apt. #, Etc.

City

Altamonte Springs

State
FL

Zip Code
32714

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

REGISTERED AGENT MUST SIGN

Date

10/1/02

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 | Mike Utz | 114 West Orange Street | Altamonte Springs, FL 32714 |
| VD | Mark Zipper | 106 West Orange Street | Altamonte Springs, FL 32714 |
| TD | Russell Goldberg | 118 West Orange Street | Altamonte Springs, FL 32714 |
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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-1-02

407-869-4442

10/16/02