

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2007 APR 25 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000011047

1. Corporation Name  
Contractors Business Park Vista Center  
Condominium Association, Inc

600102649056  
05/16/07--01040--021 \*\*236.25

B 4/30/07  
**REINSTATEMENT** 07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2950 Jog Road  
Greenacres FL 33467  
33467

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 20-2736433

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

7. Name and Address of Current Registered Agent

Name St. John Core + Lemme, P.A.

Street Address (P.O. Box Number is Not Acceptable) 1601 Forum Place

Suite, Apt. #, Etc. Suite 701

City West Palm Beach State FL Zip Code 33401

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 DAVID A. CORE, Secretary Date 4-18-2007

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
Pres	JAMES KLINKER	2731 Vista Parkway #D-10	WEST PALM BEACH Florida 33411
Dir	DANIEL BLANTON	2950 Jog Road	GREENACRES Florida 33467
Dir	ERIK BREYSON	2950 Jog Road	GREENACRES Florida 33467
Dir	BILL GOTTHELF	2950 Jog Road	GREENACRES Florida 33467

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: James Klinker President James Klinker Date 3-7-07 Daytime Phone # 561-641-1016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR