

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV -4 PM 2:42

DOCUMENT # N05000004667

1. Corporation Name

Fort Clarke Office/Warehouse Association, Inc.

2. Principal Office Address - No P.O. Box #

500 NW 43rd Street

3. Mailing Office Address

500 NW 43rd St.

Suite, Apt. #, etc.

Ste. 3

Suite, Apt. #, etc.

Ste. 3

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32607

Country

USA

Zip

32607

Country

USA

7. Name and Address of Current Registered Agent

Name

Cornerstone Property Solutions of North Central FL, LLC

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

500 NW 43rd St.

Suite, Apt. #, Etc.

Ste. 3

City

Gainesville

State
FL

Zip Code
32607

4. Date Incorporated or Qualified To Do Business in Florida

05/03/2005

5. FEI Number
320153391

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

REGISTERED AGENT MUST SIGN

Date 11-3-09

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	John Ferrell	4224 NW 76th Street	Gainesville, FL 32606
S/T VP	Brad Diuguid	1722 NW 80th Blvd.	Gainesville, FL 32605
D	Charles Barnes	1700 NW 80th Blvd.	Gainesville, FL 32605

REINSTATEMENT

08-09
B 11/4/09

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:

Brad Diuguid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/03/09

Date

Daytime Phone #

352 331 0424