

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED



07 MAR 23 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

0007

DOCUMENT # N05000006774			
1. Entity Name TALLAHASSEE CENTER CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business NORTHWESTERN CORNER OF KLEMAN PLAZA TALLAHASSEE, FL		Mailing Address 1201 HAYES ST. TALLAHASSEE, FL 32301	
2. Principal Place of Business - No P.O. Box # 215 WEST COLLEGE AVENUE		3. Mailing Address C/O THE ALAI GROUP, INC.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TALLAHASSEE, FLORIDA		City & State TALLAHASSEE, FLORIDA	
Zip 32301		Country LEON	
4. FEI Number 14-1970316		Applied For Not Applicable	
5. Certificate of Status Desired... <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent THE ALAI GROUP, INC. <del>C/O SEAN KOPP</del> 200 W. COLLEGE AVE., STE. 403 TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name THE ALAI GROUP, INC. Street Address (P.O. Box Number is Not Acceptable) 200 WEST COLLEGE AVENUE City TALLAHASSEE FL Zip Code 32301	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPILLERS, GARY B 2555 CUMBERLAND PKWY., SUITE 200 ATLANTA, GA 30339 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADFORD PAGER 2555 CUMBERLAND PKWY, SUITE 200 ATLANTA, GA 30339 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THARPE, PRSCILLA 2555 CUMBERLAND PKWY., SUITE 200 ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUANE DOBLAR 2555 CUMBERLAND PKWY, SUITE 200 ATLANTA, GA 30339 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIANNONI, GIGI 2555 CUMBERLAND PKWY., SUITE 200 ATLANTA, GA 30339 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENSON, STEPHEN D NORTHWESTERN CORNER OF KLEMAN PLAZA TALLAHASSEE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500095804785 04/04/07--01039--003 **122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	K. Eckel MAR 29 2007 <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		3/8/07 770-436-2600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	