


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p> 		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED</p> <p>96 DEC -9 AM 11:27</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p>000002026360--4 -12/11/96--01076--010 *****910.00 *****910.00</p> <p>REINSTATEMENT <i>85-96</i></p>	
DOCUMENT # <i>NO 6724</i>					
1 Corporation Name Windtree Professional Center Condominium Association, Inc.					
Principal Place of Business 13340 W. Colonial Drive, Suite 250 Winter Garden, FL 34787		Mailing Address			
If above addresses are incorrect in any way line through incorrect information and enter correction below.					
2 New Principal Office Address, If Applicable		3 New Mailing Address, If Applicable		4 Date Incorporated or Qualified To Do Business in Florida 12/19/84	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75. Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		
7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip		
P/D	Lynn M. Folsom	13340 W. Colonial Dr., #250	Winter Garden, FL 34787		
V/D	William L. Canole	8943 Bay Cove Court	Orlando, FL 32819		
S/T/D	JoAnn Lacey	13340 W. Colonial Dr., #250	Winter Garden, FL 34787		
<i>JB D-D-96</i>					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Eric S. Mashburn, Esquire 102 E. Maple Street Winter Garden, FL 34787			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, Etc.		
			City		State FL
			Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent <i>Eric S. Mashburn</i>			Date <i>12/6/96</i>		
REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: <i>Eric S. Mashburn</i>			Date <i>12-6-96</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
			Date		Daytime Phone #

CP-2040 (12/95)