PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAR 30 PM 12:01

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # N11997

1. Corporation Name

THE SEMORAN BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
465 S. Orlando Avenue		Post Office Box 2822	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#201			
City & State		City & State	
Maitland, Florida		Apopka, Florida	
Zip	Country	Zip	Country
32751	USA	32704	USA

4. Date Incorporated or Qualified To Do Business in Florida
11/08/1985

5. FEI Number
59-2622045
☐ 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
John Kaiser

Street Address (P.O. Box Number is Not Acceptable)
465 S. Orlando Avenue

Suite, Apt. #, Etc.
#201

City	State	Zip Code
Maitland	FL	32751

400297388054
03/30/17--01026--028 **1951.25

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 _____ Date 2/17/17

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
P/D	John Kaiser	465 S. Orlando Avenue, #201	Maitland, Florida 32751
VP/D	John Lane	667 Harold Avenue	Winter Park, Florida 32789
D	Rick A. Olson	62 North Lake Cortez Drive	Apopka, Florida 32703

10. **E-mail Address:** Olsonrick@earthlink.net
(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Rick A. Olson 2/17/2017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VIHLEN & VANADIA, P.A.
1540 International Parkway, Suite 2000
Lake Mary, Florida 32746
(407) 333-8880

TRANSMITTAL MEMORANDUM

TO: Division of Corporations
Attn: Reinstatements
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

REGARDING: Corporation Reinstatement - The Semoran Business Center Condominium Association, Inc.

THE FOLLOWING ORIGINAL DOCUMENTS ARE ENCLOSED FOR FILING:

1. Application for Corporation Reinstatement - The Semoran Business Center Condominium Association, Inc.

Also, enclosed you will find Vihlen & Vanadia, P.A.'s check in the amount of $1,951.25 for the following fees:

NON-PROFIT CORPORATION:

Reinstatement Fee:	$ 175.00
Annual Report Fee: ($61.25 for each year dissolved - 29 years):	1,776.25
Total:	$ 1,951.25

Thank you.

VIHLEN & VANADIA, P.A.