PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 19 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18754

1. Corporation Name
Southland Executive Park Property Owners Association, Inc.

Principal Place of Business / Mailing Address
7600 Southland Blvd., Suite 100
Orlando, FL 32809

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 94-96

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 1/14/87

5. FEI Number: 59-2892792 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional fee required for Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/D	W. Michael Bleakley	800 North Magnolia Avenue, 8th Floor	Orlando, FL 32801
D	James Connor	800 North Magnolia Avenue, 8th Floor	Orlando, FL 32801
D	Frank D. Tucker, Jr.	800 North Magnolia Avenue, 8th Floor	Orlando, FL 32801
D	Charles Young	800 North Magnolia Avenue, 8th Floor	Orlando, FL 32801
D	Aileen Leach	800 North Magnolia Avenue, 8th Floor	Orlando, FL 32801
			JB 12-19-96

8. Name and Address of Current Registered Agent
Irwin M. Adler
7600 Southland Blvd., Suite 100
Orlando, FL 32809

9. Name and Address of New Registered Agent
Name: W. Michael Bleakley
Street Address (P.O. Box Number is Not Acceptable): 800 N. Magnolia Avenue
Suite, Apt. #, Etc.: 8th Floor
City: Orlando | State: FL | Zip Code: 32801

CR2L040 (12/95)

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: W. M. Bleakley
REGISTERED AGENT MUST SIGN
Date: 12-18-96

100002035211--r
-12/20/96--01076--005
****367.50 ****367.50

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑
(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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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: W. M. Bleakley 12-18-96
W. Michael Bleakley, President 407-649-5432
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #