| | PLEA | SE READ A | ALL INST | RUCTIONS | S BEFORE (| OMPLET | ING THIS FO |)RM | | |
|--|--------------------------------------|----------------------|---|---|-------------------------------|--|---|------------------------|-----------------------|--|
| · APPLICATION FLORID | | | | NT OF STATE | 7 | | | | | |
| REINSTATEMENT | | | | IVISION OF CORPORATIONS | | FILED | | | | |
| DOCUMENT # N18754 1. Corporation Name | | | | | | 98 FEB 13 AM 10: 25 | | | | |
| SOUTHLAND EXECUTIVE PARK PROPERTY OWNERS ASSOCIATION, INC. | | | | | | 3 1 | SECRETARY TALLAHASSE | OF STATE E, FLORIDA | | |
| 7600 SOUTLAND BLVD. STE 100 7600 SOL | | | Mailing Addre | AND BLVD. STE 100 | | | | | | |
| | | | | . ****** | | | STATEN | | 70 <i>(</i> 10 | |
| If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3 New Maili | | | | formation and enter correction below. | | | | ICIVI 7 | 7-78 | |
| | 34th Street | if Applicable | | ng Office Address, I 34th Stree elc | | 4. Date Incorp To Do Busi | ocrated or Qualified ness in Florida | 01/14/1987 | av | |
| City & State | | | City & State | | | 5. FEI Numbe | 59-2892792 | | ied For Applicable | |
| Orland 32811 | Country | y | Orlando ^{Zip} 32811 | Count | ry | 6. CERTIFICAT | E OF STATUS DESIRED [| \$9.75 Autobio and 5 | ec required | |
| | and Street Addresses o | I Each Officer and/o | | rida nonprofit corpor | ations must list at lea | l | | 101 a Certificate | or status | |
| Title(s) | Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) | | | 4 | City / State / Zip | | |
| - P9D | DD BLEAKLEY, W. MICHAEL | | | 800 NORTH MAGNOLIA AVENUE, 8TH F | | | ORLANDO FL 326 |) 01 | | |
| PD | | | | 4105A 34th Street | | | Orlando, FL | | | |
| PSTD Harrison, Linda M. | | | 600 NORTH MAGNOLIA AVENUE, 6TH F | | | *ORLANDO FL 326 | | | | |
| PSTD Harrison, Linda M. -D | | | 4105A 34th Street 800 NORTH MAGNOLIA AVENUE, 8TH F | | Orlando, FL ORLANDO FL 328 | | | | | |
| D | Seiple, John | | | 4105A 34th Street | | | Orlando, FL 32811 | | | |
| -0 | | | | 800 NORTH MAGNOLIA AVENUE, 8TH F- | | | ORLANDO FL S2801 | | | |
| D | Cavaliere, Pamela | | | 4105A 34th Street | | | Orlando, FL 32811 | | | |
| D | LEAGH, AILEEN Ross, Lisa | | | - 800 NORTH MAGNOLIA AVENUE, 8TH F 4105A 34th Street | | | Orlando, FL 32811 | | | |
| | <u> </u> | | | | | . 00 | 0000024328601 | | | |
| 8. Name and Address of Current Registered Agent | | | | | 1 | 9. Name and | Address of New Aregis | | | |
| Name | | | | | | - | | <u> </u> | | |
| | | | | | | Christopher R. Manley Street Address (P.O. Box Number is Not Acceptable) 4105A 34th Street | | | | |
| ATU FLAGO | | | | | | 4105A 34th Street 방 Suite, Apt. #, Etc. 등 | | | | |
| ORLAN | DO FL 32801 | | | | | **** | | | | |
| 1 | | | | | Orlando | Orlando FL 32311 | | | | |
| 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 14 | A R . | DETERED AG | ENT MUST SIGN | | 77 - W | Date 1/77/45 | - | | |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for Information on Intangible tax.) | | | | | | | | | | |
| 12. 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 filling 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 under section 119.07(3)(i), 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: | | | | | | | | | | |