

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED

2012 JUN -4 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18754

1. Corporation Name

ORLANDO CORPORATE CENTER PROPERTY OWNERS
ASSOCIATION, INC.2. Principal Office Address - No P.O. Box #
4105-A 34th Street

Suite, Apt. #, etc.

City & State
Orlando, FLZip
32811Country
USA3. Mailing Office Address
4545 Airport Way

Suite, Apt. #, etc.

Attn: Legal Dept.

City & State
Denver, COZip
80239Country
USA4. Date Incorporated or Qualified
To Do Business in Florida 01/14/875. FEI Number
59-2892792☐ Applied For
☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

1201 Hays Street

City

Tallahassee

State

FL

Zip Code

32301

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*Edward S. Nekritz*

Assistant Vice President

Date 06/04/2012

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
DP	Edward S. Nekritz	4545 Airport Way	Denver, CO 80239
DVPS	Michael T. Blair	4545 Airport Way	Denver, CO 80239
DT	Christianne C. Chen	4545 Airport Way	Denver, CO 80239
D	John R. Morgan	4105-A 34th Street	Orlando, FL 32811
D	Peter Crovo	4105-A 34th Street	Orlando, FL 32811

10. E-mail Address:

(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. 617.155, F.S.

SIGNATURE:

Edward S. Nekritz

06/04/12

303-567-5653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edward S. Nekritz, President

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-0821
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
ORLANDO CORPORATE CENTER PROPERTY OWNERS
ASSOCIATION**

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