

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



99 JAN 29 AM 10:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # NA4000000824

1 Corporation Name
NEWBERRY HILLS OFFICE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 7733 W. Newberry Rd.
 Suite B-2
 Gainesville FL 32606

Mailing Address
 1204 N.W. 13th Street
 Suite 9
 Gainesville FL 32601

REINSTATEMENT CH-98

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

2 New Principal Office Address, If Applicable
 101 N.W. 75th Street
 Suite, Apt #, etc
Suite 1
 City & State
Gainesville Florida
 Zip
32607 Country
U.S.A.

3 New Mailing Office Address, If Applicable
 101 N.W. 75th Street
 Suite, Apt #, etc
Suite 1
 City & State
Gainesville Florida
 Zip
32607 Country
U.S.A.

4 Date Incorporated or Qualified To Do Business in Florida
 02/17/94

5 FEI Number
 59-3546802 Applied For
 Not Applicable

6 CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

1 Titles)	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
D,P	Pugh, Merrill	101 NW 75th Street, #1	Gainesville FL 32607
D,V,S,T	Pla, John	101 NW 75th Street, #1	Gainesville FL 32607
D	Johnson, Carl L.	4421 NW 39th Ave., #1-2	Gainesville FL 32606

200002768602-9
 -02/08/99--01170--024
 ****428.75 ****428.75

8. Name and Address of Current Registered Agent

Merrill Pugh
 101 N.W. 75th Street, #1
 Gainesville, FL 32607

9. Name and Address of New Registered Agent

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 [Signature] REGISTERED AGENT MUST SIGN Date 1/25/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes 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 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. 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: [Signature] JOHN PLA V.P. Date 1/12/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #